UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, *in his official capacity* as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL

NOTICE OF MOTION IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION TO ENFORCE PRELIMINARY INJUNCTION, OR IN THE ALTERNATIVE, MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Plaintiffs Emily Doe, Zoe Doe, Mary Doe, Carla Jones, Sara Doe, Maria Moe, Olivia Doe, and Amy Jones respectfully move, pursuant to the Court's inherent authority to enforce its orders and Federal Rule of Civil Procedure 65(d), for an order enforcing the Court's June 7, 2026, Preliminary Injunction, Dkt. No. 160, or, in the alternative, for a temporary restraining order and preliminary injunction enjoining Defendants from continuing to violate the terms of the June 7th Preliminary Injunction, 28 C.F.R. § 115.42(g), and Plaintiffs' constitutional rights. Plaintiffs respectfully request expedited consideration of this motion in light of the ongoing and irreparable harm caused by Defendants' noncompliance.

Notwithstanding the Court's June 7th Preliminary Injunction's clear and unambiguous requirement that Defendants "maintain and continue" each Plaintiff's "housing status in women's facilities . . . unless or until such time as such Plaintiff is released from the custody of the BOP," ECF No. 160 at 2, and purportedly to comply with a June 2, 2026, preliminary injunction entered in *Fleming v. Rule*, No. 4:25-cv-0157-D (N.D. Tex.), Defendants have confined four plaintiffs, and intend to confine four more, in a segregated, quasi-solitary unit that impedes access to medical and legal visits and strips them of virtually all programming, education, recreation, and meaningful social contact, far exceeding any measure necessary to comply with the *Fleming* order and independently violating the Prison Rape Elimination Act regulation prohibiting categorical segregation of transgender incarcerated people, 28 C.F.R. § 115.42(g), and Plaintiffs' constitutional rights. As set forth in detail in the accompanying memorandum of law and supporting declarations, the Plaintiffs already housed in the segregated unit are suffering severe and escalating harm, including resurgent gender dysphoria, loss of clinical progress achieved over years in general population, deteriorating mental health, and, for at least one Plaintiff, the resurgence of suicidal ideation. Absent immediate intervention by the Court, Plaintiffs will continue to suffer harm that

cannot be remedied through an award of money damages, and Defendants will continue to act in contravention of a binding Order of this Court and other applicable law.

In support of this motion, Plaintiffs rely upon: the accompanying memorandum of law; the declarations of Plaintiffs Emily Doe, Zoe Doe, Mary Doe, and Carla Jones, who have been housed in the segregated unit; the expert declaration of Dr. Randi Ettner and the exhibits submitted herewith; the record in the above-captioned actions, and such other argument and evidence as may be presented to the Court. A proposed order is submitted herewith.

WHEREFORE, Plaintiffs respectfully request that the Court enter an order enforcing its preliminary injunction or grant new injunctive relief requiring Defendants to: (1) Transfer all Plaintiffs housed in the segregated unit to general population in other women's facilities according to BOP's ordinary individualized designation process and all applicable PREA regulations, or in alternative, restore their access to programming, education, recreation, medical and mental health care, movement, and out-of-unit time comparable to that offered in general population; (2) refrain from transferring additional Plaintiffs to the segregated unit and return any Plaintiffs already so transferred to an appropriate placement in general population of a women's facility consistent with BOP's ordinary individualized designation process and all applicable PREA regulations; (3) refrain from creating dedicated units or facilities for transgender women in violation of 28 C.F.R. § 115.42(g); and (4) comply with any other relief the court deems necessary and appropriate to enforce its orders and aid in its exercise of jurisdiction over this matter.

Dated: July 17, 2026

Respectfully submitted,

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, *in his official capacity* as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL

MEMORANDUM OF LAW IN SUPPORT OF EMERGENCY MOTION TO ENFORCE PRELIMINARY INJUNCTION, OR IN THE ALTERNATIVE, MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

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Plaintiffs Emily Doe, Zoe Doe, Mary Doe, Carla Jones, Sara Doe, Maria Moe, Olivia Doe, and Amy Jones move to enforce this Court's June 7, 2026, preliminary injunction order, (ECF No. 160), which requires Defendants to maintain their housing in women's facilities.

In response to a separate injunction in *Fleming v. Rule*, No. 4:25-cv-00157-D (N.D. Tex.), the Bureau of Prisons ("BOP") has placed all transgender women at [redacted] in a restrictive, segregated unit that offers very little programming, education, or work and only minimal recreation, and it is now moving to transfer all other incarcerated Plaintiffs from other women's facilities to that segregated unit.

Fleming requires only that transgender women at [redacted] be housed in a "secure, segregated area," with separate movement and scheduling to prevent contact with other incarcerated people in that facility. *Fleming*, ECF No. 199 at 3. It does not otherwise limit BOP's ability to move or transfer transgender women out of that prison and certainly does not require BOP to transfer additional Plaintiffs from across the country into the unit. Nor does it require BOP to place them on a twenty-three-hour per day lockdown in their unit or eliminate programming, education, recreation, and meaningful social contact. BOP added those deprivations itself, producing what it calls a "prison within a prison," *id.*, ECF No. 166 at 15–16, that has admittedly caused "difficulties . . . in managing" the entire facility, *id.*, ECF No. 129 at 41.

These conditions exceed what *Fleming* requires, and they are not "necessary" within the meaning of this Court's injunction, which permits Defendants to separate Plaintiffs from non-transgender women only "if it becomes necessary to do so." (ECF No. 161 at 52.) The BOP's actions here are neither narrowly tailored nor the least restrictive means of complying with *Fleming*, create additional Eighth Amendment violations, and independently violate 28 C.F.R. §

115.42(g), which bars placing transgender inmates in a separate unit based on their transgender status.

The four Plaintiffs already in the segregated unit have lost documented clinical progress: their gender dysphoria has returned, and their mental health has declined. Some report renewed suicidal ideation. The four Plaintiffs facing transfer to the segregated unit will suffer the same. Defendants could have housed Plaintiffs in general population at any of the Bureau's other women's facilities. They chose instead to concentrate Plaintiffs in this single unit—and did so only after Plaintiffs prevailed on their preliminary injunction. That timing, together with the general-population placements available at other facilities and the admitted burdens on day-to-day prison operations caused by maintaining a "prison within a prison," *Fleming*, ECF No. 166 at 15–16, supports the inference that the blanket segregation scheme is retaliation for Plaintiffs' exercise of their right to petition the courts.

Plaintiffs ask the Court to enforce its preliminary injunction or grant new injunctive relief requiring Defendants to: (1) transfer all Plaintiffs housed in the segregated unit at [redacted] to general population in other women's facilities according to BOP's ordinary individualized designation process and all applicable PREA regulations, or in the alternative, restore their access to programming, education, recreation, medical and mental health care, and out-of-unit time comparable to that offered to individuals in general population; (2) refrain from transferring additional Plaintiffs to the segregated unit at [redacted] and return any Plaintiffs already so transferred to an appropriate placement in general population of a women's facility consistent with BOP's ordinary individualized designation process and all applicable PREA regulations; (3) refrain from creating dedicated units or facilities for transgender women in violation of 28 C.F.R.

§ 115.42(g); and (4) comply with any other relief the court deems necessary and appropriate to enforce its orders and aid in its exercise of jurisdiction over this matter.

FACTS

1. This Action.

On January 20, 2025, Executive Order 14168 ("EO 14168") directed BOP to transfer transgender women in women's facilities to men's facilities without regard to individual health and safety, and to withhold "any medical procedure, treatment, or drug" used to treat gender dysphoria. EO 14168 § 4(a), (c). BOP began implementing the order at once. It removed several Plaintiffs from general population, placed them in segregated housing pending transfer, and told some that their hormone therapy would end.

Plaintiffs filed these consolidated actions (Nos. 25-cv-00401, 25-cv-00653, and 25-cv-00286) and sought injunctive relief. Along with challenging their transfers and the termination of hormone therapy, Plaintiffs detailed their removal from general population into segregated housing, and *Doe* Plaintiffs challenged their segregation as unlawful agency action taken to implement the Order. (*See* ECF No. 58-2 ¶¶ 77, 86, 90, 158.)

This Court granted preliminary relief, finding Plaintiffs likely to succeed on their Eighth Amendment claims as to both housing and medical care. *Doe v. McHenry*, 763 F. Supp. 3d 81, 84 (D.D.C. 2025); *Jones v. Bondi*, No. 1:25-cv-00401-RCL, 2025 WL 923117, at *1 (D.D.C. Feb. 24, 2025); *Moe v. Trump*, No. 1:25-cv-00653-RCL, ECF No. 62, at 1–2 (D.D.C. Mar. 10, 2025). The Court enjoined enforcement of Sections 4(a) and 4(c) and required Defendants to maintain Plaintiffs' housing in women's facilities and continue the gender dysphoria treatment they were receiving before January 20, 2025. (ECF Nos. 23, 44, 55, 68, 83, 89, 94, 101, 120, 125, 147, 160); *Jones*, ECF Nos. 28, 46, 69, 75, 81, 88; *Moe*, ECF Nos. 62, 84, 90, 96, 103.

The Government appealed as to Section 4(a) and Plaintiffs' housing. The D.C. Circuit vacated the injunction and remanded for individualized findings on the features of each Plaintiff that render transfer to a men's facility unconstitutional under the Eighth Amendment. *Doe v. Blanche*, 172 F.4th 901, 905–06, 910, 917 (D.C. Cir. 2026); (ECF No. 161 at 3). On remand, the Court made those findings and, on June 7, 2026, entered a new preliminary injunction barring implementation of Section 4(a) and requiring Defendants to maintain each Plaintiff's housing in women's facilities until release. (*See* ECF No. 160.) The Court found this relief "narrowly drawn," extending "no further than necessary," and "the least intrusive means necessary to correct that harm." (*Id.* at 2); 18 U.S.C. § 3626(a)(2).

2. The Fleming Litigation.

In *Fleming v. Rule*, No. 4:25-cv-00157-D (N.D. Tex.), two plaintiffs and five intervenors challenged BOP's placement of transgender women at [redacted], a women's facility. The Government did not contest the merits; it stated repeatedly that it agreed with the plaintiffs' position. *See, e.g.*, *Fleming*, ECF No. 129, at 1–3.

On June 2, 2026, the *Fleming* court entered a preliminary injunction prohibiting BOP from housing transgender women in the general population of any unit at [redacted] where other women are present, and from permitting any transgender woman to "enter or remain in any space . . . where biological female inmates are present, including, but not limited to, showers, restrooms, changing areas, dormitory spaces, elevators, dining areas, recreation areas, the mailroom, and other shared prison spaces." *Fleming*, ECF No. 199 at 2. To comply, the court directed BOP to house transgender women "in a secure, segregated area" and to use "separate movement, routing,

scheduling, or other measures as necessary to prevent overlap" in housing and shared spaces. *Id.* at 3.[1]

This Court addressed *Fleming* in its June 7 opinion and held, at that time, that its own injunction did not conflict with it. (ECF No. 161 at 53.) This Court explained that its injunction does not, "at this juncture," require that Plaintiffs be housed with non-transgender women. (*Id.*) And it stated that nothing in its injunction "prevents the government from separating Plaintiffs from cisgender female inmates within the women's facilities where they are currently housed if it is necessary to do so." (*Id.* at 51.) That qualification—"if it is necessary"—is a limitation, not a blank check. (*Id.*) It necessarily implies that Defendants' response to the *Fleming* preliminary injunction must be narrowly tailored to achieve compliance while remaining consistent with the orders of this Court.

3. Defendants' Response to the *Fleming* Preliminary Injunction.

BOP did not adopt narrowly-tailored measures to comply with *Fleming*. The preliminary injunction entered in that case is limited to a single women's facility. *Fleming* ECF No. 199 at 2. It left BOP free to house transgender women in general population at other women's facilities. BOP also retained authority to take measures in all women's facilities to address the alleged privacy, safety, and religious interests raised by the *Fleming* plaintiffs and intervenors, consistent with legitimate management and security needs.

Instead, BOP repeated the dangerous and harmful steps it took when initially implementing EO 14168 more than a year ago: it moved all transgender women at [redacted] "to a separate, secure unit . . . so that they are no longer co-housed with any female inmates," and it kept them apart from

[1] The Government did not oppose the injunction on the merits, choosing instead to raise jurisdictional defenses about standing, procedural defenses about the scope of the proposed injunction compared to the operative complaint, and concerns that creating a segregated unit for transgender women would violate the orders of this Court. *See generally*, *Fleming*, ECF No. 166.

other incarcerated women "by clearing the compound and using escorted, secured moves" whenever they need to leave the unit. *Fleming* ECF No. 211 at 1.

BOP did not stop there. It also restricted their access to areas outside their unit and eliminated the programming, education, work, and recreation previously available to Plaintiffs in general population—producing what Emily Doe calls "SHU-lite," a reference to the Special Housing Unit that BOP uses for disciplinary segregation. (Emily Doe Decl. ¶ 10.) Indeed, Plaintiffs spend at least twenty-three hours per day restricted to their unit with only one hour of recreation outside the unit available to them. (Zoe Doe Decl. ¶¶ 6–7; Carla Jones Decl. ¶ 9.) Their only opportunity to be outside is the few minutes they spend walking between the medical building where they are housed and the enclosed recreation area outside their unit. (Carla Jones Decl. ¶ 10.)

The mental health care provided in the unit is also inadequate; Plaintiffs no longer have regular access to their psychologists, who now must visit them in the segregated unit. (Emily Doe Decl. ¶ 11.) It took "weeks" before a mental health staff member visited Emily Doe, and Mary Doe has seen a psychologist only twice since being housed in the unit a month and a half ago. (*Id.*; Mary Doe Decl. ¶ 12.) Zoe Doe recognized that her mental health was deteriorating as a result of her placement in the restrictive segregated unit and requested to see a mental health provider. It took approximately three weeks for someone to come to the unit to see her for a brief consult, and she was told she would thereafter be seen once every two weeks going forward. (Zoe Doe Decl. ¶ 17.)

Defendants have acknowledged to this Court that the unit has caused "difficulties . . . in managing" the facility. (ECF No. 129 at 35.) BOP officials shut down portions of the facility and have multiple guards escort Plaintiffs whenever they need to walk to their recreation area, medical appointments, or legal visits so that Plaintiffs will not be seen by any other incarcerated women in

the facility. This has caused hours-long waits and Plaintiffs missing medical appointments or having their legal visits cut short. (Zoe Doe Decl. ¶¶ 10–13; Carla Jones Decl. ¶ 10.) These conditions are highly restrictive and not consistent with Plaintiffs' preexisting housing status in women's facilities.

4. Harm to the Plaintiffs at [redacted] Who Have Been Housed in the Segregated Unit.

The Plaintiffs' declarations and the expert declaration of Dr. Randi Ettner document the harm the unit has caused each of them.

Emily Doe. Emily Doe is [redacted], has taken hormone medication for [redacted], and has lived in women's facilities since [redacted]. (Ettner Decl. ¶ 15; ECF No. 116-25 ¶¶ 40, 44.) At [redacted] she had improved: she was less depressed and less anxious and found it "much easier to manage thoughts of self-harm." (Emily Doe Decl. ¶ 2.) She was on the waitlist for the [redacted] program (about 20th) and planned to apply to a [redacted] program. (*Id.* ¶ 7.) In the segregated unit she is prohibited from accessing either program (or any general population programming for that matter). (*Id.*) Initially, indoor recreation lacked any of the exercise equipment and craft/hobby materials Ms. Doe had in general population. (*Id.* ¶ 8.) Just this week, the women were allowed to use their old space, but still without access to full equipment. (*Id.*) Outdoor recreation initially consisted of a small, empty patio without any exercise equipment but has not been offered at all in recent days. (*Id.* ¶ 9.) Ms. Doe's dysphoria symptoms are now "as severe as [she] can ever remember them being." (*Id.* ¶ 4.) When she asked to see a psychologist, weeks passed before anyone came. (*Id.* ¶ 11.) She reports rising anxiety, depression, fear, and paranoia (which her psychologist says is worsened by her [redacted]) and serious problems sleeping. (*Id.*) The BOP also cancelled [redacted] she had scheduled this week, without any explanation, and

staff are no longer helping her transfer to another prison to participate in the [redacted] program. (*Id.* ¶¶ 12–13.)

Mary Doe. Mary Doe has lived in women's facilities since [redacted]. BOP's records show that treatment for her gender dysphoria—through hormone therapy and placement in a women's facility—"[redacted]." (Ettner Decl. ¶ 11.) Since moving to the segregated unit, she reports her gender dysphoria symptoms are "through the roof," she is unable to sleep, she has no access to the programming available in general population, and as of the date of her declaration, she had seen a psychologist only twice. (Mary Doe Decl. ¶¶ 5, 8, 12.) She feels isolated and trapped and perceives the placement as an effort to reverse her gender presentation. (*Id.* ¶¶ 14–15.) She has also stopped a formerly consistent daily grooming routine, which Dr. Ettner identifies as "a recognized correlate of increasing dysphoria-related distress, not merely a change in personal habit." (*Id.* ¶ 16; Ettner Decl. ¶ 11.)

Zoe Doe. Zoe Doe has taken hormone medication for nearly [redacted], has [redacted], and has lived in women's facilities since [redacted]. (Ettner Decl. ¶ 12; Zoe Doe Decl. ¶ 2.) BOP's own clinicians recorded that this placement "[redacted]"—so much so that, as of [redacted] she was "[redacted]" for any condition. (Ettner Decl. ¶ 12.) In the segregated unit, Ms. Doe describes a "lock-down" situation that has severed her from a support network built over [redacted]. (*Id.* ¶ 13; Zoe Doe Decl. ¶¶ 6, 9.) She has no meaningful access to programming: before being placed in the unit, she was enrolled in a [redacted] program that met five days a week and included [redacted]

[redacted] but she can no longer attend the program or interact with its participants or mentors. (Zoe Doe Decl. ¶ 14.)

Whenever Zoe leaves the unit, the entire facility is shut down and guards surround and escort her. (*Id.* ¶ 10.) She also is forced to announce the purpose of any trip off the unit in front of staff and other residents—even when it is for [redacted] care or other confidential medical needs. (*Id.*) The process is humiliating and dehumanizing. (*Id.*) These lockdowns have also disrupted her access to counsel: on one occasion, it took BOP staff more than two hours to escort her approximately 50 feet to an attorney visit, leaving her lawyers only 30 minutes before they had to leave for the airport. (*Id.* ¶ 12.) On other occasions, her legal phone calls have been abruptly cancelled. (*Id.*) BOP staff also cancelled a medical appointment for [redacted] without her knowledge, apparently to avoid the logistical burden of moving her. (*Id.* ¶ 13.)

Ms. Doe's gender dysphoria is now "back in full force," with mounting "depression and agitat[ion]." (Ettner Decl. ¶ 13; Zoe Doe Decl. ¶¶ 16, 19.) Recognizing that her mental health was deteriorating, Ms. Doe requested to see a mental health provider, but it took approximately three weeks before anyone came to the unit for a brief consultation. (Zoe Doe Decl. ¶ 17.) She is experiencing difficulty sleeping, cognitive impairment, has thoughts of self-harm, reports questioning the value of her life, and states she has not felt this bad since she was housed in men's prisons [redacted] (*Id.* ¶¶ 18–19; Ettner Decl. ¶ 13.)

Carla Jones. Carla Jones is [redacted], has taken hormone medication since [redacted], and has lived in women's facilities since [redacted] (Ettner Decl. ¶ 13.) She is confined at least twenty-three hours a day in a small, overcrowded space with only limited indoor recreation, and no access to outdoor recreation. (Carla Jones Decl. ¶¶ 5, 9.) Before being placed in this unit, she spent much of her time outdoors and is severely distressed by this restrictive confinement. (*Id.* ¶ 11.) She has no

privacy and feels vulnerable and exposed to male officers in a way that never occurred in general population: on one occasion, a male guard opened her cell door while she was using the toilet and stood watching her. (*Id.* ¶¶ 6–7.) The shower area likewise provides no real privacy, as a window allows anyone passing by to observe her, and guards have moved the paper covering it aside. (*Id.* ¶ 7.) She reports feeling "locked down" and having no access to programming; she was told she may not join instructor-led classes and may do only "self-study." (*Id.* ¶¶ 9, 14.)

Ms. Jones's mental health has significantly declined since being placed in the unit. (*Id.* ¶ 12.) She feels that BOP is stripping her of her female identity and that the years she has spent fighting for treatment and recognition as a woman mean nothing. (*Id.* ¶¶ 4, 14.) Her confinement in the segregated unit is severely exacerbating her gender dysphoria; she feels she is never going to progress or obtain the [redacted] she needs. (*Id.* ¶¶ 14–15.) Most concerning, Ms. Jones has had thoughts of self-harm, including of [redacted] again—a method she has resorted to in the past—and has told her psychologist that while she has no immediate plans, at any minute she could give in and give up. (*Id.* ¶ 15.) Her appetite has declined, she gives much of her food away, and she spends most of her days sleeping as her only escape from the conditions. (*Id.* ¶ 16.)

Dr. Ettner. Dr. Ettner explains that these serious outcomes and harms track the clinical literature. For transgender women, living as a woman—including through placement in women's prisons—is itself a recognized element of treatment for gender dysphoria. (Ettner Decl. ¶¶ 4–5.) Removing an environment in which a patient had improved creates a substantial risk that dysphoria symptoms will re-emerge even if hormone therapy continues unchanged. (*Id.* ¶ 6.) Segregated housing independently raises anxiety and depressive symptoms and diminishes coping capacity for anyone, regardless of gender identity. (*Id.* ¶ 7.) It also correlates closely with increased incidences of self-harming behaviors: in a study of more than 200,000 New York City jail

incarcerations, incarcerated individuals placed in solitary confinement faced a substantially higher risk of self-harm, and that risk grew with each additional episode. (*Id.* ¶ 18.) Prolonged isolation and an unaffirmed gender identity produce sustained physiological stress that compounds over time. *Id.* (¶¶ 16–17.) These effects are most acute for Plaintiffs with documented histories of self-harm or suicidality tied to gender dysphoria, including Mary Doe, Zoe Doe, and Carla Jones. (*Id.* ¶ 21.)

5. Defendants' Decision to Transfer All Other Incarcerated Plaintiffs to the Segregated Unit at [redacted].

On June 29, 2026, Plaintiffs' counsel notified Defendants that the unit was harming Emily Doe, Mary Doe, Zoe Doe, and Carla Jones, including by worsening their gender dysphoria. On July 14, counsel learned that four Plaintiffs housed elsewhere—Sara Doe, Maria Moe, Olivia Doe, and Amy Jones—were likely to be transferred to [redacted] and placed in the same unit. Counsel again informed Defendants of the harm, stated Plaintiffs' intent to seek relief, and asked the Government to await this Court's ruling before moving four more Plaintiffs into those conditions.

Defendants have not agreed to wait. Despite being aware of the harm the segregated unit causes, they are moving to concentrate all eight incarcerated Plaintiffs there, removing them from general population at women's facilities across the country, disrupting their programming, and predictably destabilizing their health and well-being. In fact, on July 17—the date of this filing—Plaintiffs' counsel became aware that one Plaintiff had already been transferred.

ARGUMENT

1. This Court Should Take Action to Enforce Its Own Orders and Protect Plaintiffs from Retaliation.

"When deciding a motion to enforce a preliminary injunction" pending appeal, "a district court has the authority to enforce the terms of its mandates absent a stay of the preliminary injunction order." *Molina v. U.S. Dep't of Homeland Sec.*, Civil Action No. 25-3417 (BAH), 2026

WL 1256234, at *8 (D.D.C. May 7, 2026); *see also Deering Milliken, Inc. v. Fed. Trade Comm'n.*, 647 F.2d 1124, 1128–29 (D.C. Cir. 1978); Fed. R. Civ. P. 62(d).

In addition, courts have authority under the All Writs Act to "issue all writs necessary or appropriate in aid of their respective jurisdictions and agreeable to the usages and principles of law." 28 U.S.C. § 1651(a). The Supreme Court "has repeatedly recognized the power of a federal court to issue such commands under the All Writs Act as may be necessary or appropriate to effectuate and prevent the frustration of orders it has previously issued in its exercise of jurisdiction otherwise obtained." *United States v. N.Y. Tel. Co.,* 434 U.S. 159, 172 (1977).

"This Court also has the inherent power to issue further enforcement orders to effectuate the purpose of an injunction or other prior orders." *Kingdom v. Trump*, No. 1:25-cv-691, ECF No. 124 at 2 (D.D.C. Feb. 19, 2026) (collecting authorities). "The fact that the parties in need of protection are incarcerated does not mean that the Court is powerless to issue further orders to protect them from retaliation and to protect the integrity of previously-issued orders." *Id.* (citing *Garcia v. Dist. of Columbia*, 56 F. Supp. 2d 1, 12 (D.D.C. 1998)).

a. Defendants' Conduct Is Not Consistent with the Letter or Spirit of This Court's Prior Orders.

This Court has repeatedly issued preliminary relief in this action to maintain the status quo pending final judgment, to protect Plaintiffs from serious harm (including worsening gender dysphoria), and to prevent Defendants from implementing Section 4(a) of the Executive Order. (*See, e.g.*, ECF No. 160 at 3 ("maintaining the status quo"); *id.* at 2 (enjoining implementation of the Executive Order); ECF No. 161 at 12–14, 16–20 (holding that injunctive relief was warranted in part because Defendants were aware of and disregarded an intolerable risk of exacerbated gender dysphoria).) Defendants defy all three aspects of this Court's orders.

First, far from maintaining the status quo, Defendants seek to remove all incarcerated Plaintiffs from general population at various facilities nationwide—facilities Defendants themselves chose as the most appropriate placements for each Plaintiff. Defendants now plan to house them all in a single, segregated, highly restrictive unit under conditions that are not comparable to a women's facility, without regard for their individual needs and circumstances. This plan is not consistent with this Court's injunction requiring Defendants to "maintain and continue the housing status in women's facilities." (ECF No. 160 at 2.)[2]

Second, the creation of the segregated unit and imposition of punitive conditions are predictably exacerbating the gender dysphoria of the Plaintiffs who are housed there. (*See* Emily Doe Decl. ¶ 4; Mary Doe Decl. ¶ 5; Zoe Doe Decl. ¶ 16; Carla Jones Decl. ¶ 14; Ettner Decl. ¶¶ 5–6.) It also undermines these Plaintiffs' gender dysphoria treatment by removing the combined benefit of medical treatment and social affirmation that BOP's own clinicians documented as producing "[redacted]." (Ettner Decl. ¶¶ 5–6, 10, 11.) Defendants are on notice of these Plaintiffs' deteriorating mental health and yet seek to subject all other incarcerated Plaintiffs in this action to the same conditions. This will have a predictable destabilizing effect on the remaining Plaintiffs' mental health. (*Id.* ¶¶ 6–7; *see also* ECF No. 117-27 ¶ 37 ("McLearen Decl.") ("Within BOP, mental health and suicide risk are core components of classification and

[2] The planned transfers may also be an attempt to manipulate the jurisdiction of the federal courts. Defendants' proposal will, for the first time, house all Plaintiffs in a single facility. That facility is currently subject to the jurisdiction of the *Fleming* court. And in the *Fleming* action, Defendants have represented that they agree with the substantive positions of the plaintiffs and intervenors in that case, have not meaningfully opposed injunctive relief on the merits, and have represented they will not appeal certain court orders. *See Fleming* ECF No. 72, 129, 133, 140, 147, 165, 166. Allowing Defendants to proceed will further entangle this first-filed litigation with the proceedings in *Fleming*, which could impede this Court's jurisdiction or delay Plaintiffs' ability to proceed with a motion for permanent relief in this Court. This provides an independent justification under the All Writs Act for enforcing this Court's prior orders by requiring Defendants to maintain the status quo. *See* 28 U.S.C. § 1651(a).

housing decisions, and changes in housing environment are recognized as clinically significant events. Under that framework, individuals who have been assessed, placed, and functioning appropriately in a given environment are not reassigned absent a safety, security, or clinical justification.").) This deliberate decision to inflict harm on Plaintiffs cannot be squared with this Court's orders.

Third, Defendants' conduct is an attempt to evade this Court's orders enjoining implementation of Section 4(a) of EO 14168. The decision to impose mandatory segregation on all transgender women in women's facilities is the very same action Defendants took in the days following January 20, 2025, to implement Section 4(a). The segregation regime is so restrictive that it renders Plaintiffs' continued presence in a women's facility punitive, rather than protective. This violates both the letter and spirit of this Court's orders enjoining Section 4(a) and requiring Defendants to maintain Plaintiffs' housing status in women's facilities.[3]

Defendants' conduct cannot be characterized merely as an attempt to comply with the *Fleming* court's order. The punitive environment Defendants have created in the segregated unit goes far beyond the terms of that order. The *Fleming* court said nothing about a twenty-three-hour lockdown, eliminating programming, stripping recreation access, barring education, or reducing mental health services to transgender women. In addition, the *Fleming* preliminary injunction was limited to a specific facility. *Fleming*, ECF No. 199 at 2. It did not prohibit Defendants from transferring transgender women to other women's facilities, consistent with their discretion to

[3] Indeed, after this Court initially enjoined Section 4(a) of the Executive Order, Defendants released Plaintiffs from segregation back to general population in their respective facilities. Defendants' conduct is contemporaneous evidence of their understanding that their reflexive, class-based segregation of all transgender women in women's facilities was an action taken to implement Section 4(a) that was prohibited by this Court's injunctions.

determine appropriate placements based on individualized assessments. And it certainly did not require Defendants to transfer other incarcerated Plaintiffs *into* the facility in question.

Defendants rely on this Court's statement that nothing in its June 7 preliminary injunction "prevents the government from separating Plaintiffs from cisgender female inmates within the women's facilities where they are currently housed *if it is necessary to do so*." (ECF No. 161 at 50 (emphasis added).) But the blanket deprivation Defendants now seek to impose on all incarcerated Plaintiffs is not "necessary" and has not been sanctioned by this Court. To the contrary, it violates the narrow-tailoring limitation inherent in the text of this Court's order. (*Id.* at 51–52.)

At a minimum, this Court should enforce the PI's narrow-tailoring limitation and require Defendants to comply with *Fleming* through the least restrictive means, rather than through a blanket deprivation of programming, education, recreation, and out-of-unit time.

b. Defendants Are Routing Plaintiffs into the [redacted] Segregated Unit in Retaliation For Their Participation in This Litigation.

Defendants' conduct is not merely inconsistent with this Court's injunction; it is retaliatory. The Bureau operates numerous women's facilities across the country in which Plaintiffs could be held in general population. Yet Defendants have chosen to concentrate all eight incarcerated Plaintiffs in the single restrictive unit in the state where a standing court order will subject them to segregation and isolation—and they have moved to do so only after Plaintiffs secured individualized preliminary relief from this Court on June 7, 2026. (*See* ECF No. 160.) Where the Government, holding every alternative in hand, routes the very litigants who just prevailed against it to the one place guaranteed to inflict the harms this Court's injunction was designed to prevent, the natural inference is that Defendants are punishing Plaintiffs for coming to this Court.

Retaliation against Plaintiffs for pursuing this litigation is independently unlawful. The First Amendment protects the right of incarcerated people to petition the courts and to seek redress

of their grievances, and officials may not take adverse action to punish the exercise of that right. *See Garcia*, 56 F. Supp. 2d at 12 (a prisoner's right of access to the courts is protected by the First Amendment's guarantee of the right to petition for redress of grievances, and retaliatory action that would chill the exercise of those rights is actionable). An action is retaliatory when it would "deter a person of ordinary firmness" from engaging in the protected conduct, *Media Matters for Am. v. Paxton*, 138 F.4th 563, 581 (D.C. Cir. 2025), and is causally connected to that conduct, *see Aref v. Holder*, 774 F. Supp. 2d 147, 169 (D.D.C. 2011). That the transfer is nominally an exercise of the Bureau's housing discretion is no defense: a discretionary act taken to punish protected activity is retaliation all the same.

Each element is present here. Plaintiffs engaged in quintessential protected activity: they filed these actions and litigated them through preliminary-injunction proceedings, an appeal, a remand, and renewed proceedings, ultimately obtaining individualized findings and preliminary relief keeping them housed in women's facilities. (ECF No. 160, 161; *see also Doe v. Blanche*, 172 F.4th 901 (D.C. Cir. 2026).) Defendants' response has been severe. As the declarations of the four Plaintiffs already in the unit and the expert declaration of Dr. Ettner establish, placement in the segregated unit has stripped Plaintiffs of programming, education, recreation, and social contact and has caused resurgent gender dysphoria, the loss of years of clinical progress, and deteriorating mental health, including renewed suicidal ideation. (*See* Emily Doe Decl. ¶¶ 4, 6–11; Zoe Doe Decl. ¶¶ 6, 11, 14–19; Carla Jones Decl. ¶¶ 9–15, 17; Ettner Decl. ¶¶ 10–15, 21.) Consigning Plaintiffs to conditions that Emily Doe aptly describes as "SHU-lite," (Emily Doe Decl. ¶ 9), is far more than enough to deter a person of ordinary firmness from continuing to assert her rights.

The causal connection is evident from both the timing and the target of Defendants' conduct. Defendants moved to funnel Plaintiffs into the segregated unit in the aftermath of this Court's June 7 injunction, replicating the very steps BOP took to implement EO 14168 in the weeks following January 20, 2025. And of every placement available to them, Defendants selected the only one that would inflict these harms. No legitimate penological interest explains that choice. Defendants' stated justification for segregating transgender women—the protection of non-transgender women—cannot account for it, because no court has made any finding that any Plaintiff poses a danger to other women. (*See* ECF No. 161 at 50–51.) To address the asserted interests of a handful of individuals at [redacted] (out of more than [redacted] housed there), Defendants have built a unit that inflicts known, serious harm on eight Plaintiffs who did nothing but prevail in this Court—including four Plaintiffs who were not housed at [redacted] in the first place. The most plausible explanation for singling them out is the impermissible one: to punish Plaintiffs for litigating, to make their continued confinement in women's facilities as painful as possible, and to deter them and others from asserting their rights.

This retaliation is itself a reason for the Court to act. Beyond violating the First Amendment, Defendants' effort to punish Plaintiffs for invoking this Court's protection—and to shift them into conditions supervised by another court—is an attempt to evade and frustrate this Court's injunction and to impede its management of litigation that was filed first. This Court has ample authority under the All Writs Act, 28 U.S.C. § 1651(a), and under its inherent power to prevent such interference and to protect those who come before it from retaliation. *See Frew ex rel. Frew v. Hawkins*, 540 U.S. 431, 440 (2004); *United States v. N.Y. Tel. Co.*, 434 U.S. 159, 174 (1977); *Women Prisoners of the D.C. Dep't of Corr. v. District of Columbia*, 93 F.3d 910, 931

(D.C. Cir. 1996); *see also Armstrong v. Newsom*, 58 F.4th 1283, 1290–93 (9th Cir. 2023). It should exercise that authority here.

2. BOP's Categorical Segregation of Transgender Women Is Independently Unlawful and Requires Immediate Injunctive Relief.

To obtain a temporary restraining order or preliminary injunction, a movant "must establish that [she] is likely to succeed on the merits, that [she] is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in [her] favor, and that an injunction is in the public interest." *Winter v. Nat'l Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008) (alterations added); *see also Banks v. Booth*, 459 F. Supp. 3d 143, 149 (D.D.C. 2020) (explaining that an application for a temporary restraining order is analyzed using the same factors applicable to a preliminary injunction). "When the movant seeks to enjoin the government, the final two . . . factors—balancing the equities and the public interest—merge." *D.A.M. v. Barr*, 474 F. Supp. 3d 45, 67 (D.D.C. 2020) (citing *Pursuing Am.'s Greatness v. FEC*, 831 F.3d 500, 511 (D.C. Cir. 2016)). All four factors strongly support granting a temporary restraining order and preliminary injunction here.

a. Plaintiffs Are Likely to Succeed in Proving That the Mandatory Segregation Scheme Violates the Administrative Procedure Act

Plaintiffs are likely to succeed on their claim that BOP's mandatory segregation scheme is contrary to 28 C.F.R. § 115.42(g)—a binding regulation—and thus violates the Administrative Procedure Act. *See* ECF No. 58-2 ¶ 158; 5 U.S.C. § 706(2)(A); *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260 (1954) (establishing that agencies must follow their own regulations).[4]

[4] Accardi claims can be brought through an APA cause of action. *See Damus v. Nielsen*, 313 F. Supp. 3d 317, 335–36 (D.D.C. 2018); *Fed. Defs. of N.Y., Inc. v. Fed. Bureau of Prisons*, 954 F.3d 118, 130 (2d Cir. 2020).

First, the APA permits judicial review of final agency action. 5 U.S.C. § 704. Agency action is final where the action (1) "mark[s] the consummation of the agency's decisionmaking process" and (2) is "one by which rights or obligations have been determined, or from which legal consequences will flow." *Bennett v. Spear*, 520 U.S. 154, 177–78 (1997) (citation modified). The agency action's impact must be "sufficiently direct and immediate" and have a "direct effect on . . . day-to-day business." *Franklin v. Massachusetts*, 505 U.S. 788, 796–97 (1992) (quoting *Abbott Lab'ys v. Gardner*, 387 U.S. 136, 152 (1967)).

By Defendants' own admissions, BOP has "consummat[ed]" its decisionmaking process. *Bennett*, 520 U.S. at 177 –78. Defendants have affirmatively notified this Court that they "will be transferring" incarcerated Plaintiffs "from the female facilities where they are currently housed to the housing unit at [redacted]." (ECF No. 168 at 2.) And there can be no question that the mandatory segregation of all incarcerated Plaintiffs has "direct and immediate" legal consequences affecting their conditions of confinement. *See Franklin*, 505 U.S. at 796–97.

Second, BOP's decision to create a single, segregated unit for all transgender women in women's facilities nationwide is arbitrary and capricious or "otherwise not in accordance with law," 5 U.S.C. § 706(2)(A), because it directly violates binding Prison Rape Elimination Act regulations. Specifically, 28 C.F.R. § 115.42(g) provides that an agency "shall not place" transgender or intersex individuals "in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates."

BOP's segregated unit does precisely what §115.42(g) forbids: it categorically segregates all transgender women at [redacted] based on their transgender status for reasons unrelated to

their own safety.[5] And it comes with the consequences the PREA regulations sought to prevent. *See* 77 Fed. Reg 37106, 37153, *National Standards To Prevent, Detect, and Respond to Prison Rape* (June 20, 2012) (recognizing that separate units "may result in [LGBTI inmates] being unable to access the same privileges and programs as others in general population housing, effectively punishing [them] for their LGBTI status"). If Defendants wish to modify the PREA regulations, they are entitled to do so through notice-and-comment procedures. *See* 5 U.S.C. § 553. What they cannot do is ignore and violate their own regulations at will. *See generally Accardi*, 347 U.S. 260 (1954).

b. Plaintiffs Are Likely to Succeed in Proving That the Mandatory Segregation Scheme Violates Their Constitutional Rights.

Plaintiffs are also likely to succeed in establishing that the uniform segregation scheme violates their constitutional rights under the Eighth Amendment and the Due Process Clause.

First, the conditions of confinement in the segregated unit likely violate the Eighth Amendment, which prohibits cruel and unusual punishment. A prison official violates the Eighth Amendment when that official acts with deliberate indifference to a substantial risk of serious harm to an incarcerated person. *See Farmer v. Brennan*, 511 U.S. 825, 828 (1994). This court has already recognized "the risk of severely exacerbated gender dysphoria" and attendant mental health consequences to be a serious harm. (ECF No. 161 at 14.) And the evidence establishes that

[5] The regulatory exception allowing facilities to establish "dedicated facility, unit or wing . . . in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates" is not applicable here. The exception does not cover any legal judgment; it refers only to judgments entered "for the purpose of protecting" the individuals who are subject to segregation based on their transgender or intersex status. The *Fleming* injunction does not fall within the scope of that exception—the segregated unit established by that injunction was created for the benefit of non-transgender women who remain in general population, *not* "for the purpose of protecting" the impacted transgender women. And as already explained, the *Fleming* injunction did not prohibit BOP from transferring transgender women to other facilities or require BOP to transfer additional transgender women *into* the segregated unit from other facilities.

the removal of Plaintiffs from general population and the placement in the highly restrictive segregated unit are currently imposing that serious harm on the four Plaintiffs housed there. Their gender dysphoria is "through the roof," and they are experiencing thoughts of self-harm and suicide and other signs of severely deteriorating mental health. (Mary Doe Decl. ¶¶ 5, 8, 12; Carla Jones Decl. ¶¶ 12, 14–15; Emily Doe Decl. ¶¶ 4, 11; Zoe Doe Decl. ¶¶ 16, 18-19.) These harms were predictable. (Ettner Decl. ¶¶ 5-6, 10, 21.) And Defendants have had actual notice since at least June 29 (and likely sooner) that the conditions of confinement in the segregated unit were causing severe harm. Defendants have not taken action to rectify these harms and have failed to provide adequate mental health care in response. (*See* Emily Doe Decl. ¶ 11; Mary Doe Decl. ¶ 12; Zoe Doe Decl. ¶ 17.) And now, Defendants affirmatively seek to impose the same harms on additional Plaintiffs. That is textbook deliberate indifference. As this Court has recognized, "it is fundamentally unreasonable for prison officials to respond to serious risks such as mental health deterioration, self-harm, and suicidality by intentionally creating those risks." (ECF No. 161 at 19.)

Second, the decision to redesignate incarcerated Plaintiffs to the segregated unit likely violates the Due Process Clause. "Even within the prison setting, the Supreme Court has repeatedly held that conditions that 'impose[] atypical and significant hardship . . . in relation to the ordinary incidents of prison life' encroach upon prisoners' liberty interests and are thereby subject to the requirements of due process." Taylor v. Trump, 823 F. Supp. 3d 17, 30 (D.D.C. 2026) (quoting *Sandin v. Conner*, 515 U.S. 472, 484 (1995)). Restrictive conditions that are comparable to or worse than routine administrative segregation trigger due process review, especially if they are "'indefinite and could be permanent.'" *Id.* at 30 (quoting Aref v. Lynch, 833 F.3d 242, 257 (D.C. Cir. 2016)). "The duration of the condition imposed is a 'crucial element' of the analysis because

'especially harsh conditions endured for a brief interval and somewhat harsh conditions endured for a prolonged interval might both be atypical.'" *Id.* (quoting *Aref*, 833 F.3d at 254). Conditions that "'necessarily increase in severity over time'" meet this standard, "'just as surely as a single drop of water repeated endlessly will eventually bore through the hardest of stones.'" *Id.* (quoting *Aref*, 833 F.3d at 257). Here, the unjustified, indefinite segregation of incarcerated Plaintiffs under highly restrictive conditions satisfies this "atypical and significant hardship" standard and establishes a deprivation of a cognizable liberty interest. With every passing day, the severity of the deprivation increases. (Ettner Decl. ¶ 17.)

The remaining question is whether the government has provided constitutionally sufficient process. "[T]he 'general rule' is that 'individuals must receive notice and an opportunity to be heard before they are deprived of a constitutionally protected interest.'" *Taylor*, 823 F. Supp. 3d at 32 (quoting *UDC Chairs Chapter, Am. Ass'n of Univ. Professors v. Bd. of Trs. of the Univ. of D.C.*, 56 F.3d 1469, 1472 (D.C. Cir. 1995)). Here, BOP has violated this general rule by failing to provide Plaintiffs *any* opportunity to be heard before they were placed in or redesignated to a highly restrictive segregated unit. *See id.* ("the government may run afoul the Due Process Clause when, for example, it fails to provide any opportunity to be heard").

To the extent BOP provided an opportunity to be heard, the outcome of that process would have been "predetermined—that is, fully decided at the beginning of the process rather than the end" and therefore constitutionally inadequate. *Id.* Defendants' own filing at ECF No. 168 makes clear that Plaintiffs would be sent to the segregated unit at [redacted] "no matter what result the ordinary BOP process might have yielded." *Id.* at 33; *compare id.* at 37 ("identical outcomes" and identical BOP transfer paperwork "suggests a cookie-cutter process that yielded the same predetermined result") *with* Notice of Anticipated Transfer of Additional Plaintiffs to [redacted]

[redacted] (ECF No. 168). The abruptness of this decision and Defendants' unwillingness to maintain the status quo until this Court could hear Plaintiffs' objections only reinforces the conclusion that BOP has not provided Plaintiffs the process they are due.

c. Plaintiffs Face Irreparable Harm Warranting Immediate Relief.

The evidence before the Court establishes that each of the four Plaintiffs being held in the segregated unit is suffering severe and escalating harm. Emily Doe's gender dysphoria symptoms are "as severe as [she] can ever remember them being," she has lost access to programming that was central to her rehabilitation, and she is experiencing resurgent anxiety and paranoia. (Emily Doe Decl. ¶¶ 4, 7, 10–11.) Mary Doe's gender dysphoria is "through the roof," she has virtually no access to programming or mental health services, and she has abandoned a previously consistent grooming routine—a clinically recognized indicator of worsening distress. (Mary Doe Decl. ¶¶ 5, 8, 16; Ettner Decl. ¶ 11.) Zoe Doe, who had achieved such stability that [redacted] while housed in general population of a women's facility, now reports her gender dysphoria is "back in full force" with escalating despair, fear, and anxiety after being severed from a [redacted]-long support network, and she is experiencing thoughts of self-harm. (Zoe Doe Decl. ¶¶ 16, 18–19; Ettner Decl. ¶ 13.) And Carla Jones, a [redacted]-year-old woman, reports lockdown conditions, no programming access, deteriorating mental health, and thoughts of self-harm including of cutting herself. (Carla Jones Decl. ¶¶ 12, 14–15; Ettner Decl. ¶ 14.)

Dr. Ettner's expert opinion confirms that these harms are not speculative but concrete and clinically predictable: segregated housing compounds two distinct injuries by simultaneously removing a treatment element that was necessary and effective for each Plaintiff and introducing independent psychiatric and physiological risk from isolation and restricted conditions. (Ettner Decl. ¶ 21.) For Plaintiffs with documented histories of self-harm or suicidality tied to gender

dysphoria—including Mary Doe, Zoe Doe, and Carla Jones—"the consequences are likely to be even more dire." (*Id.*) The risk of harm increases with each additional day of exposure to these conditions, following a dose-response pattern documented in the correctional mental health literature. (*Id.* ¶ 18.) Enforcement of this Court's injunction or separate injunctive relief is therefore urgently necessary to prevent irreversible harm to Plaintiffs' mental and physical health.

The four Plaintiffs facing imminent transfer to the segregated transgender unit at [redacted] will suffer these same harmful conditions and increased risk of harms, as well as disruption of their current work, education, programming, and social supports in their current facilities. These harms cannot be remedied after the fact.

d. The Balance of Equities and Public Interest Weigh in Favor of Relief.

The balance of equities and the public interest strongly favor injunctive relief. Defendants have not presented any evidence to this Court that maintaining Plaintiffs' housing in women's facilities would be contrary to the public interest. Nor have they presented any evidence to this Court that maintaining the Plaintiffs' housing in general population within women's facilities would endanger other inmates. (*See* ECF No. 161 at 50.) The *Fleming* court has made no factual findings that any of these Plaintiffs would pose a danger to other incarcerated women in the general population.

Further, granting the requested relief would not create a conflict with any other court's orders. BOP retained full discretion under the *Fleming* order to determine the most appropriate housing assignments for transgender women after individualized assessment, including the option to transfer them to general population placements at other women's facilities not covered by the *Fleming* injunction based on their personal circumstances and needs. The public interest is served by ensuring that the federal government complies with this Court's orders and with its own regulations, that incarcerated persons are not subjected to unlawful and unjustified segregation,

and that the government officials do not punish individuals for pursuing their rights through litigation.

e. Granting Injunctive Relief Satisfies the Requirements of the PLRA.

Prohibiting Defendants from housing all transgender women in women's facilities in a single segregated unit under conditions that violate 28 C.F.R. § 115.42(g), the Fifth Amendment, and the Eighth Amendment, and requiring Defendants to house each Plaintiff consistent with applicable constitutional and regulatory requirements is a narrowly drawn remedy that extends no further than necessary to correct the harm to Plaintiffs, and is the least intrusive means necessary to correct that harm. *See* 18 U.S.C. § 3626(a)(2). Plaintiffs have shown a likelihood of success on their claim that BOP's decision to place them into segregated housing is based on their transgender status and is contrary to BOP's own regulations and the Fifth and Eighth Amendments to the U.S. Constitution. Plaintiffs have also shown that such segregation has subjected or will subject them to immediate, irreparable harm, and that a TRO and preliminary injunction prohibiting this unlawful action is necessary to correct that harm. Such relief is the least intrusive action the Court could take to ensure that Defendants comply with 28 C.F.R. § 115.42(g) and applicable constitutional requirements. And, like the orders previously issued by this Court, the requested relief would simply preserve Defendants' own prior determinations regarding Plaintiffs' housing while this litigation proceeds. Maintaining that status quo for 90 days will have no adverse impact on public safety or on the operation of the criminal justice system.

CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that this Court issue an order enforcing its preliminary injunction or grant new injunctive relief requiring Defendants to:

1. Transfer all Plaintiffs housed in the segregated unit at [redacted] to general population in other women's facilities according to BOP's ordinary individualized

designation process and all applicable PREA regulations, or in the alternative, restore their access to programming, education, recreation, medical and mental health care, and out-of-unit time comparable to that offered in general population;

2. Refrain from transferring additional Plaintiffs to the segregated unit at [redacted] and return any Plaintiffs already so transferred to an appropriate placement in general population of a women's facility consistent with BOP's ordinary individualized designation process and all applicable PREA regulations;

3. Refrain from creating dedicated units or facilities for transgender women in violation of 28 C.F.R. § 115.42(g); and

4. Comply with any other relief the court deems necessary and appropriate to enforce its orders and aid in its exercise of jurisdiction over this matter.

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Respectfully submitted,

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Dated: July 17, 2026

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, in his official capacity as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL **DECLARATION OF EMILY DOE**

I, Emily Doe, make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C § 1746 that the following is true and correct:

1. I am incarcerated in the Bureau of Prisons. I am using the pseudonym Emily Doe to protect myself. I am submitting this declaration in support of my request to the Court to enforce the preliminary injunction entered on June 7, 2026. I am over the age of 18 and fully competent to make this declaration.

2. Since [redacted], I have been housed in [redacted], a women's facility within the Federal Bureau of Prisons. At [redacted], my gender dysphoria and mental health improved. I became less depressed and less anxious, and it became much easier to manage thoughts of self-harm. I was comfortable engaging in programing.

3. But, early in June 2026, I was told that I was being transferred to a new unit. I later learned the BOP was transferring me because of the *Fleming* case from Texas. I did not understand anything about that case, but I initially felt okay because I was able to remain at a women's prison.

4. But soon after the Court entered a new preliminary injunction in this case, it became clear that I was being held in these new unfair conditions because I am a transgender woman. My physical and mental health have started to suffer, and my gender dysphoria symptoms are as severe as I can ever remember them being.

5. The unit currently houses six women; all of us are transgender. We are housed in three cells, with two women housed in each cell. We are not allowed to leave the unit unless we are escorted and surrounded by corrections officers. Because of the staffing required to move us, the officers never want to bring us anywhere. Meals are delivered to the unit and we must eat in the unit, or sometimes in our cells. We shower in the unit. We must use the toilet in our cell, in front of our cellmate. This is very different from when I was housed in general population with

privacy doors when we needed to use the toilet. We order commissary from the unit. Other than for recreation, we have no opportunities to leave the unit for any programming in the rest of the prison. We have no opportunities at all to interact with other incarcerated women outside of the unit.

6. I used to spend a lot of time with other incarcerated women, who I saw as my sisters, in a sense. These women were my support system. We would eat meals together, do craft activities together (I especially liked to knit with them), take walks on the track, help each other with our make-up and hair, and generally enjoy each other's company. Having that community of friends helped reinforce that I am a woman and helped combat the agonizing symptoms of gender dysphoria. But now the BOP is telling me that I am a "biological male" and keeping me away from my sisters.

7. Living in the unit where they are keeping us is extremely hard. Our access to programing is virtually non-existent. When I was in general population, I was in line to participate in the [redacted] program (I believe I was 20th on the waiting list) and was planning to apply to participate in a [redacted] program run by [redacted]. Because they will not let us leave the unit, all of that programming is now unavailable. On July 15, 2026, BOP staff offered for us to participate in a program of some sort. I am not certain what exactly the program is; they mentioned we would use yoga mats. But I know it was not a program that addressed my specific needs or interests, like the programs that were available when I was in general population.

8. Recreation has been particularly bad. At first, indoor recreation occurred on our unit and did not include the wide variety of exercise equipment and hobbies and crafts that are available in general population. Since July 14, 2026, we have been using the same indoor

recreation space we used to, but we still do not have full access to equipment. For example, I asked to use a guitar and was told that they could not open the room in which it is kept. We also cannot interact with any other women for recreation like we used to do.

9. In our first weeks in this unit, we were offered outdoor recreation. But that was extremely limited, as we were confined to a small patio without any of the different types of exercise equipment that exist for general population. Before I was on this unit, I used to spend most of my time interacting with my friends and it was the part of the day I most looked forward to. If we weren't crafting, we might walk the track, talk, and look at whatever wildlife came around. The outdoor recreation offered on this unit was on a small, hot, patio that doesn't have any equipment or activities to do. But since July 14th, we have not even been offered an opportunity to go outside.

10. The conditions remind me of being in the SHU. I call our current situation "SHU-lite." We're allowed out of our cells and we have access to commissary and phones, but otherwise the conditions are very similar. The SHU is used to punish people. But now I'm in these conditions because I am a transgender woman.

11. I am feeling very anxious and depressed living in this unit. I am experiencing extreme fear and paranoia; I am fearful that I am about to be transferred to a men's prison. When they tried to transfer me to a men's prison in 2025, they first put me in a segregated unit with other transgender women. The psychologist says my fear is a manifestation of my [redacted]. I have not been able to sleep at night; my body only seems to be able to sleep during the day when others are out of their cells in the unit. I cannot see my friends, I have no chance to participate in general educational or work programming, and we are treated like we do not belong. Because we are in a separate unit and cannot leave, we also cannot just go to medical or go see our

counselors. When I first asked to speak to someone from psychology, it took weeks before someone came to the unit to speak with me. Since then, I have had other contacts with psychology, but always on the unit.

12. I was scheduled for [redacted]. [redacted] But no one came to get me for [redacted] and I've been told it was cancelled, although I haven't been given an explanation. I am anxious to get the [redacted]

13. When I first got to this unit, I talked to a counselor about transferring to the [redacted], which would allow me to work constructively on some of the trauma I've suffered. I put in a written request to transfer to that program, which is offered in two other women's prisons. It first seemed like staff were prepared to help facilitate my transfer. But recently, it has become clear that BOP is not planning to help me transfer to a prison that has the [redacted] I feel like this is another way that BOP is targeting me for being a transgender woman.

14. This declaration was prepared by my attorney, Alexander Shalom, based on facts I provided. I reviewed it during a July 16, 2026, legal call. I approve the contents of this declaration. If given the opportunity, I will add my signature to this declaration.

Executed in San Francisco, CA on this 17th day of July, 2026,

/s/Alexander Shalom

Emily Doe c/o Alexander Shalom

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, in his official capacity as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL **DECLARATION OF MARY DOE**

I, Mary Doe, make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the following is true and correct:

1. I am incarcerated in the Bureau of Prisons. I am submitting this declaration in support of my request to the Court to enforce the preliminary injunction entered on June 7, 2026. I am using the pseudonym Mary Doe to protect myself. I am over the age of 18 and fully competent to make this declaration.

2. Since [redacted], I have been housed in BOP facilities for women. Placement in women's facilities has been helpful for my health. My gender dysphoria and [redacted] symptoms improved; I have been less depressed, less anxious, and had fewer thoughts of self-harm.

3. Since [redacted], I have been housed at [redacted]. Other than some periods where I was held in medical isolation, I had been housed in general population at [redacted].

4. In the first days of June, 2026, I was told that, because of a case in Texas to which I am not a party, I was being transferred to a new unit. I was initially confused, but relieved that I was able to remain at a women's prison. That was how I felt when the Court entered a new preliminary injunction on June 7, 2026.

5. But, as the conditions in which I was being held and the way I was being treated became clearer, that relief turned to concern and then despair. My health has started to suffer, and my gender dysphoria symptoms are through the roof. I am so anxious that I am unable to sleep. My mind seems to race all night. Once I am eventually able to fall asleep, I've been sleeping into the daytime. I am also extremely depressed.

6. I am currently being housed in [redacted]. I am one of only six women housed there. All of us are transgender women. We are currently being held in three different rooms, each with two people in it.

7. We spend all of our time in the unit. We shower on the unit. We have toilets in our cells. We have so much less privacy than we've had before. Male staff work in our housing unit and can see us when we are on the toilet and even in the shower. When I was in general population, only female staff could access the bathroom spaces or places where we change clothes. But in [redacted] that limitation is not being honored. We eat all of our meals on the unit, sometimes in our cells and sometimes elsewhere in the unit. The meals are delivered by staff. If we want to order something from commissary, we have to do it from the unit.

8. We have no access to any of the programing we used to because it takes place in parts of the facility that we are no longer allowed to access. I was on the waitlist for [redacted] and had signed up for other classes related to my mental health. I cannot access any of that from [redacted]. We have been told that they will run a class on the unit called something like "Reflections"; it will happen for an hour once per week for six weeks. I will take the class, but when I was in general population, I could choose programing that was appropriate for me. This is now the only option I or any of the other women here have.

9. When we first got to this unit, there was an empty cell that had an exercise bike and some puzzles and board games. This was far less recreation equipment than I had access to before moving here. Before my forced transfer to [redacted], I had access to treadmills, stair steppers, elliptical machines, kettle balls, and a host of hobby crafts. In the last week, we have been allowed to return to the old indoor recreation space, but we do not have access to any of our friends or support network we used to spend time with or any of the exercise classes that we used to participate in.

10. In the first weeks we were in this unit, we were permitted to go outside for recreation once a day, but rather than going to the usual outdoor recreation space that has a track, hula-hoops, volleyballs, basketballs, benches, and my friends, we were only permitted outside on

a small patio that is about 15 feet by 10 feet wide. We were not even allowed to go to the corners of the patio because other incarcerated women might see us. There was no equipment on the patio; it was just an empty concrete space.

11. But in the last week, we have not even been offered outside recreation. My psychiatrist told me that going outside once a day would be helpful for my mental health, but I have not been given the chance.

12. I have not been to medical. A nurse came to our unit for sick call. I have only seen my psychologist twice since I have been on [redacted]. He came to our unit. I don't know what they will do when I need to see a dentist.

13. We have access to television and a computer and can order items from commissary, but otherwise the conditions are similar to the Special Housing Unit.

14. Being held in [redacted] has been very stressful for me. I feel very edgy, trapped, and completely at the mercy of the BOP. Just like when I have been in isolation units at other times in my incarceration, tensions are running high because there is very little to do here and we are being kept away from our friends and regular programming.

15. But, worst of all, it feels like the BOP is trying to convert me to a man. I used to feel like one of the girls. I had friends and they treated me like the woman I am. I don't feel the same right now. The BOP is treating me like I am less of a woman and that is taking a real toll on my health.

16. For years I have had a routine where I do my makeup and tend to my eyebrows every morning. I have stopped doing that daily routine because I just feel anxious and depressed and do not seem to have the energy anymore.

17. When I was first transferred to [redacted], BOP officials spoke to me about the possibility of transferring to another women's facility. I spoke to my counselor and agreed that transferring to [redacted] would be good for me and my mental health. I put in a written request to enter [redacted]. Even though they initially told me that they would expedite my application to the program, they have since told me that they will not. [redacted] would allow me to address the trauma that has defined much of my life. I cannot access [redacted], or any program, in the conditions under which I am being held at [redacted].

18. I have been so relieved that the preliminary injunctions have kept me in a women's prison. Being in a men's facility would deny that I am a woman, and that would cause me tremendous anxiety, debilitating depression, and self-doubt. But that is also what I am experiencing in [redacted]. I know that we can sometimes be sent to segregated units when we do something wrong, but I have not done anything wrong. I'm only being treated this way because I am a transgender woman.

19. This declaration was prepared by my attorney, Alexander Shalom, based on facts I provided. I reviewed it during a July 16, 2026, legal call. I approve the contents of this declaration. If given the opportunity, I will add my signature to this declaration.

Executed in San Francisco, CA on this 17th day of July, 2026,

/s/Alexander Shalom
Mary Doe
c/o Alexander Shalom

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, in his official capacity as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL **DECLARATION OF ZOE DOE**

I, Zoe Doe, make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C § 1746 that the following is true and correct:

1. I am incarcerated in the Bureau of Prisons. I am using the pseudonym Zoe Doe to protect myself. I am submitting this declaration in support of my request to the Court to enforce the preliminary injunction entered on June 7, 2026. I am over the age of 18 and fully competent to make this declaration.

2. Since [redacted], I have been housed in [redacted], a women's facility within the Federal Bureau of Prisons.

3. As I explained in a prior declaration, my gender dysphoria and mental health improved significantly upon my transfer to [redacted]. I was immediately less depressed, less anxious, and had no more thoughts of self-harm. A big reason for that improvement was that I finally felt like I could live in and be part of a society of women. Most incarcerated individuals here recognize me as a woman and call me by my female name. People I meet typically do not know that I was not born a woman unless someone tells them. I developed deep friendships and a support network among the incarcerated non-transgender women in the facility. For [redacted], I have been able to fully embrace my identity as a woman, and I was treated as a woman by my peers and BOP staff. Up until the issuance of the Executive Order, the BOP recognized and accepted me as a woman: [redacted], most BOP staff at [redacted] referred to me by my chosen name and pronouns, and my BOP records recognized my gender as female.

4. But in early June 2026, staff came to my housing unit and told me, in front of the entire unit, that I needed to pack my belongings because I was being transferred to a new unit. Many of my friends and I cried as I quietly packed my things. Staff did not tell me why I was

being moved; they told me only that I had to go to [redacted]. I later learned that I was moved due to the *Fleming* case from Texas, and that despite my [redacted] of hormone therapy, [redacted], and [redacted], the BOP viewed me as a "biological male" and had created a new unit for transgender individuals incarcerated at the facility.

5. When the Executive Order first was issued in January 2025, I was placed in a segregated unit for transgender individuals incarcerated at [redacted]. Back then, I spent four days in the restricted unit, and in that brief time, a healthcare provider recognized how harmful the placement was for me. The provider noted that I had a diagnosis of [redacted] and recommended that I be taken out of the restricted housing unit and returned to the general population in [redacted] because "[p]lacement in restrictive housing results in increased risk for death by suicide and can contribute to decompensation in overall mental health." This Court then issued a preliminary injunction that led the BOP to dissolve the segregated transgender unit and return everyone to general population.

6. I have now been held in the restrictive unit the BOP created at [redacted] in response to the *Fleming* injunction for more than five weeks, and my mental health has significantly deteriorated. In general population, I would leave my housing unit about a dozen times a day: to eat meals in the dining hall, to attend programming, and simply to socialize with freedom of movement. Now, aside from limited and tightly escorted trips for medical needs or an hour of recreation, I am confined to a small unit with only five other individuals, twenty-three hours a day. We get in each other's way in the common area and get on each other's nerves because everyone is stressed, and I expect it will only get worse if more transgender women are moved into the unit. The loss of my community and my separation from my peers has been devastating;

I did not fully understand how much daily contact with them meant to me until I had gone so long without seeing them.

7. The [redacted] where I am housed sits inside what is otherwise a medical building that provides medical services. [redacted] functions as a locked confinement unit indistinguishable from a Special Housing Unit ("SHU") with SHU-style locks and food slots on the doors, barred windows, beds with metal restraints, and a stainless-steel toilet/sink inside the cell. The entire unit is roughly 60 to 75 feet long and 50 feet wide, and contains six individual cells with two beds, a small room with an exercise bike, a room with computers, a small dayroom with plastic chairs and televisions where we also eat our meals, an officer's station, and a room used for medical purposes. It is much smaller than a general population housing unit. We are also housed on the same floor as, though not connected to, the facility's suicide-watch unit. I can often hear people on the suicide-watch unit screaming and yelling.

8. Unlike in general population, I now have no privacy when using a restroom or shower. The [redacted] shower area has a large metal door, but the window above it is not fully covered. When entering or exiting the shower, I must step out into an open area that is within view of that window and anyone walking by can observe me. BOP guards and staff (including male guards) are often walking through the unit and can walk by and see me without any clothes on. In general population, we had a shower curtain that provided much more privacy. I feel far more exposed than I did in general population, because previously a male officer could not enter the bathroom area without announcing himself and could not see into the shower through a window; now they can. Each cell also has a combined toilet and sink, which we did not have in general population. Because we are locked in with a cellmate overnight, I must urinate and defecate in front of another

person, with far less privacy than before. There is also a bathroom in the small recreation area within the unit, but it has a large, uncovered window, so I avoid using it.

9. The biggest difference between the [redacted] unit and general population is that we are on lock-down and cannot leave the unit without permission or escorts. I previously was able to enter and exit my unit freely to go to medical appointments, to eat in the dining hall, to visit with friends, to get fresh air, and to go to my assigned programming.

10. Now, when I have to leave the [redacted] unit three times a week in order to use the medical equipment prescribed for me after my [redacted], or for any other purpose such as a legal call, the BOP has to shut down movement across the entire facility, and BOP guards surround and escort me to prevent me from being seen or heard by incarcerated women who do not live on our unit. It is humiliating and dehumanizing. They treat me like I have a contagious disease. Previously, when I had to go to the medical building for [redacted], I would discreetly go to the fourth floor of the medical building, inform a nurse that I was present, proceed to use the prescribed medical equipment, and then leave. Now, I have to announce to the guards that it is time for me to [redacted] and this is announced to all staff and inmates residing in our unit and to those on the fourth floor because the guards need to ensure that all of the inmates are secured in their rooms before they can escort me to the room where the equipment is stored. In addition to my humiliation, this causes significant disruption for the facility, and I sometimes have to wait a long time before the two floors are secured and I am able to access my medical treatment. The fact that I cannot even be seen by or walk by the incarcerated women amongst whom I have lived for more than a decade is very painful to me.

11. As a result of these restrictions, I am confined to [redacted] roughly twenty-three hours a day, apart from the time I go to the fourth floor to use my prescribed medical equipment. We

have recently been permitted about an hour of indoor recreation, but even that requires the BOP to shut down the compound and move us through back corridors. We do not have access to outdoor recreation, whereas before it took place at the visitation area. Some people on our unit opt out of even this minimal time for recreation, because doing so is so disruptive and staff-intensive.

12. The fact that the facility has to be shut down and we need to be surrounded by guards when leaving our unit has interfered with my ability to access my lawyers. Earlier this week, I was scheduled to meet in-person with lawyers at 9:00 a.m. It took BOP staff more than two hours to escort us 50 feet between the medical building where we are housed and the location of the attorney visit. By the time I met with my lawyers, it was nearly noon and they only had half an hour to speak to us because they had to leave for the airport. My legal phone calls have been abruptly cancelled. Non-legal phone calls have also become more difficult, because there are times I cannot get access to a phone.

13. I also recently learned that BOP staff canceled one of my medical appointments, for [redacted], by telling the provider I was unavailable, which was not true. I believe staff said that to avoid the logistical burden of moving me. I did not find out about the cancellation until I later obtained my own medical records. More generally, medical staff come to the unit to distribute medication, and we sign a log to confirm they were there, but there are stretches of several days when we do not see any medical staff at all. Unlike other inmates, we cannot go to see the Health Services Administrator or other BOP staff that we routinely rely on; instead, we must send an electronic message and hope someone responds. Even when they do respond and come to the unit, there is very little privacy during the visit due to the tight quarters. Everyone on the unit is aware of everyone else's medical needs and other requests.

14. Not only am I locked inside the unit and kept from other women who have been my support system for more than a decade, which is causing me significant distress, but my access to programming and educational opportunities is virtually non-existent. Before being placed in [redacted] I was enrolled in a [redacted] program that meets five days a week. Each of its three cohorts has about twenty-six participants, and the cohorts interact with one another, so the program includes roughly seventy-eight women. Sessions lasted at least an hour a day, and we had evening activities together. Full participation in the program requires interacting with my peers and with outside mentors who visited about once a month. The program was meant to [redacted]. Since being moved to [redacted], I cannot attend the class or interact with the mentors at all, and I have not even been permitted to exchange essays with them by mail. The [redacted] who runs the program comes by [redacted] about once a week, when his schedule running three cohorts permits, to drop off a new workbook or assignment. I am technically still enrolled, but I cannot really participate because I cannot be present with the group or talk with the other participants; the worksheets are meaningless outside the group setting, and I have lost the live learning environment and sense of community the program is supposed to provide.

15. I was also part of the [redacted] program, which [redacted]. [redacted]. I had been part of the program for more than a year, and it gave me a sense of purpose and the chance to give something back, as well as the comfort of [redacted]. Before I was moved to [redacted], I spent a large part of every day in the program: I saw [redacted] multiple times a day, covered for other [redacted], and shadowed more experienced participants. [redacted]

[redacted], so I had constant access to them and their companionship. Now I am permitted only about an hour a day, two days a week, and I am not allowed to attend the mandatory monthly meetings with volunteers and [redacted], so I am not able to advance in the program, even though I was about to move up to be a [redacted] Much of my time and daily experience at [redacted] revolved around [redacted], and I have a sense of profound loss being deprived of that connection and purpose.

16. My physical and mental health have suffered significantly since I was placed in [redacted], and my gender dysphoria symptoms are back in full force. I have trouble sleeping and wake up several times a night. I have become depressed and agitated, have a shorter temper than usual, and my thinking feels scattered and muddled. I have had difficulty with my memory and with remembering what I am doing from one moment to the next. A [redacted] condition I already had has gotten worse, and I now [redacted]. I feel isolated and alone.

17. Recognizing that my mental health is suffering and that I am spiraling, I've sought help but access to mental health care in [redacted] is far worse than in general population. In general population, if I was having a crisis, I could go to psychology and be seen by the duty person that same day. In [redacted], no mental health provider comes to the unit on a regular schedule; they come only in response to a specific request, if at all. When I asked to speak with someone from psychology after being moved to [redacted], it took almost three weeks before anyone came to see me, even though I sent electronic requests and spoke with a psychology supervisor. When I was finally seen by a provider, the conversation lasted about thirty minutes. I have been told I will be seen once every two weeks going forward, but that is not sufficiently addressing my increasingly worsening symptoms of gender dysphoria—particularly when the prospect of remaining in this

segregated unit indefinitely is constantly hanging over my head. There is also no privacy in the unit on the occasions when medical or mental health staff do come: everyone can hear what anyone is saying, and because these visits are so infrequent, everyone tries to get in line to speak with the provider whenever one appears, so nothing is really confidential.

18. In the past, when I have been placed in segregation, my mental health declined and suicidal thoughts became more acute and harder to deal with constructively. My mental health is again suffering in that same way. I have gone from living in a community of women where I was well-liked, respected, and treated as a woman, to living in a unit whose very existence tells me, and everyone else, that we are not real women and are instead "biological males." Every time I have to leave the unit and staff put on what feels like a show—restricting everyone else in the prison from even seeing me just so that I can go from one place to another—it tears at my sense of myself as a woman, despite having [redacted] and being legally recognized as female. I feel totally dehumanized, and no one has been able to tell me what I have done to deserve to be treated as anything other than a woman. I have lost everything since being transferred to this unit: my ability to move within the facility and to obtain medical care discreetly and with dignity, recognition and acceptance as a woman, my support network and female friends, the [redacted], and programming that gives me a sense of purpose. Instead, I am on nearly 24-hour lock-down in a tiny unit without any privacy or access to basic services and programming.

19. All of this has thrown my gender dysphoria into overdrive and has made me experience thoughts of self-harm. I have no current plan or intent to harm myself, but I have found myself questioning the value of my life and whether I can keep living this way for any length of time. I have not felt this bad since I was housed in men's prisons over [redacted] ago. I feel completely abandoned by the system that is supposed to protect me.

20. This declaration was prepared by my attorney, Natalie Kraner, based on facts I provided. I reviewed it during a July 16, 2026, legal call. I approve the contents of this declaration. If given the opportunity, I will add my signature to this declaration.

Executed in Roseland, NJ on this 17th day of July, 2026,

/s/Natalie Kraner

Zoe Doe c/o Natalie Kraner

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, in his official capacity as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, in his official capacity as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL **DECLARATION OF CARLA JONES**

I, Carla Jones, make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C § 1746 that the following is true and correct:

1. I am incarcerated in the Bureau of Prisons. I am using the pseudonym Carla Jones to protect myself. I am submitting this declaration in support of my request to the Court to enforce the preliminary injunction entered on June 7, 2026. I am over the age of 18 and fully competent to make this declaration.

2. Since [redacted] I have been housed in [redacted] a women's facility within the Federal Bureau of Prisons.

3. As I explained in a prior declaration, my gender dysphoria and mental health improved significantly after I was transferred from men's prisons to a women's facility. I immediately felt less depressed and less anxious. In general population at [redacted], I felt accepted as a woman and able to live openly as myself. Being recognized and treated as a woman gave me peace and comfort and helped ease the severe gender dysphoria I have long struggled with and continue to experience.

4. Since being transferred to [redacted] transgender-only unit, I feel that I am being stripped of my female identity under the cruelest conditions.

5. The unit where I am now held has six cells, with two individuals per cell. I understand the other cells will likely be filled soon. We are provided with the bare minimum: a single plastic chair in a common area, a bed with a mattress, a toilet/sink in the room where we sleep, and a shower that provides no privacy. There is a small recreation room with a stationary bicycle, which I mostly use just to get away from everyone else as much as I can, because the unit

is so small and crowded that it feels like we are on top of each other. There is also a common room with a TV where we can eat.

6. I have no privacy, and I feel vulnerable and exposed to male officers in a way that never occurred in general population. Both male and female officers are present in our unit, but in general population, I did not have to worry about male officers entering the restroom or showers where they could openly observe my body. The restrooms and showers in the general population units are separate from the sleeping areas, and there are solid doors without windows that prevent people from being able to see inside these rooms. Here, I am forced to expose my naked body to my cellmate if I need to use the toilet. There is another bathroom on the unit, but there is a large window that lets anyone on the unit see inside the room, so I avoid it as much as possible. Recently, I was using the toilet in my cell when the door was suddenly pulled open. A male guard stood there and watched me pull my clothes up. My cellmate watched him watching me. It was very uncomfortable. We reported the incident, but there was no follow-up or resolution of any kind. That would not have happened in general population, where I had access to bathrooms and shower areas that allowed me to use the facilities without fear of others (including male guards) observing me.

7. There is also no privacy in the area where we shower. Although only one person can use the shower at a time, there is a window that allows anyone passing by to look inside that room. A small piece of paper covers a portion of the window that looks into the shower area, but I have seen guards move that paper aside and was told by one guard that they need to be able to see us at all times.

8. Because the unit is so small, there is no privacy throughout the day even in the common areas. We are all on top of each other in a very small space and are unable to leave the

unit. Tensions are very high, and I think it will become even more difficult when they fill this tiny unit with additional people.

9. I am in this unit at least twenty-three hours a day. It was twenty-four hours a day until recently. I started going to recreation for our only allotted hour outside the unit to try to improve my mental state. But there is no outdoor recreation, and one hour outside the unit is not enough. We don't have access to meaningful programming or educational opportunities while on this unit. I had inquired about taking some classes but was told I cannot participate in instructor-based education classes and instead can only do self-study on the unit, which is not an effective way for me to learn.

10. My only exposure to the sun or ability to be outdoors is about five to ten minutes a day when we are escorted and walk to and from the recreation building. Even those brief walks are stressful, as they have to shut down the facility and guards surround us to ensure that none of the other incarcerated women can see us. It is unnecessary and humiliating to be treated this way. They send three guards to escort three people walking to the indoor recreation area to make sure that we cannot cross paths with any other incarcerated women. The only reason we are being treated this way and have lost whatever sense of freedom and humanity we had within prison walls is because we are transgender.

11. When I was in general population, I could freely leave my unit, and I used to spend much of my time outdoors. Being forced to be indoors for nearly twenty-four hours a day has been especially hard for me. I am someone who has always found being outside, in nature, to be my way of feeling alive. People in [redacted] called me "squirrel" because I would bring food, water, and ice out for squirrels, birds, and other animals. Being unable to take walks or feel the sun on my face for more than a few minutes a day has been a real struggle for me.

12. Since being placed in this restricted unit, my mental health has significantly declined.

13. Placement in this segregated unit has taken from me the ordinary daily contact I had with the world and with other women in general population. It feels like what the BOP is really trying to tell me, by isolating me this way, is that I am not, and never will be, a "woman."

14. Being confined in this way is also severely affecting my gender dysphoria. I am deteriorating and going backwards because it feels like the many years I have spent in the BOP fighting for the treatment that I need and to be recognized and accepted as a woman mean nothing now. Being locked down like this makes me feel like I am never going to progress and get my surgery. To be completely static, not moving in any direction or anywhere at all, with everything seeming to have come to a halt, feels unbearable. In the past, when I let those dark thoughts and sense of despair take over, I have harmed myself by cutting.

15. I do not know how much more of this I can take, and I have had thoughts of self-harm, including of cutting myself again, since being transferred to this unit. Because I am [redacted], psychology is required to check in with me every week, and I have let my psychologist know that I feel myself getting worse. I have told the psychologist that while I have no immediate plans of harming myself, at any minute I could give in and give up. My mental state has become as bad or worse than it has ever been.

16. I try to spend my days sleeping as much as I can. Sleep feels like my only escape from these conditions. My appetite has also changed: I eat less food and give a lot of it away. I am also depressed and anxious. My whole life feels like it's upside down right now.

17. I feel like I am no longer being treated as a woman, and like I have lost my identity. It feels like we are being treated like dogs in a kennel, not even as human beings. And honestly, I think animals are often treated better than we are here.

18. This declaration was prepared by my attorney, Natalie Kraner, based on facts I provided. I reviewed it during a July 16, 2026, legal call. I approve the contents of this declaration. If given the opportunity, I will add my signature to this declaration.

Executed in Roseland, NJ on this 17th day of July, 2026,

/s/Natalie Kraner
Carla Jones
c/o Natalie Kraner

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, *in his official capacity* as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL

DECLARATION OF RANDI ETTNER, PH.D., IN SUPPORT OF PLAINTIFFS' MOTION TO ENFORCE PRELIMINARY INJUNCTION

I, Randi Ettner, Ph.D., state as follows;

1. I am a licensed clinical and forensic psychologist with a specialization in the diagnosis, treatment, and management of individuals with gender dysphoria. I have clinical experience evaluating and treating more than 3,000 transgender individuals, including extensive work in correctional settings. I have previously submitted two declarations in this case. ECF Nos. 116-26, 135-1. My initial declaration recounts my qualifications and attaches my *curriculum vitae.* For ease of reference, a copy of my *curriculum vitae* is attached as **Exhibit A**.

2. I submit this declaration to address the serious harms arising from the segregated housing of transgender women at [redacted] based on sex assigned at birth. In preparing this declaration, I reviewed the June 2, 2026, preliminary injunction entered in *Fleming v. Rule* (N.D. Tex., No. 4:25-cv-00157-D, consolidated with No. 4:25-cv-00438-D), and Defendants' June 15, 2026, status report in that case. I also reviewed the declarations of Emily Doe, Zoe Doe, Mary Doe, and Carla Jones, the Plaintiffs in this case who are housed in the segregated unit described in the *Fleming* documents.

3. My opinions are based on my education and training, the recognized standard of care for gender dysphoria, the general correctional mental health literature regarding restrictive housing, the physiological stress literature on chronic isolation and loss of control, my decades of experience treating transgender patients, and my communications and interactions with other clinicians and leading experts on transgender health and medical care.

4. The World Professional Association for Transgender Health's Standards of Care, Version 8 (Coleman et al., 2022), and the Endocrine Society's clinical practice guideline (Hembree et al., 2017), both recognize that treatment for gender dysphoria is not limited to hormonal or surgical intervention. Living in a manner congruent with one's gender identity, including housing,

is itself a recognized element of clinically indicated treatment for many individuals with gender dysphoria.

5. In correctional populations, clinical improvement and medical stability in transgender women is often attributable not to medical interventions alone, but to the combination of medical protocols and the ability to live as and be recognized as a woman. Residence in a female housing environment is one important example of the latter. Where records show that a transgender woman's psychiatric stability developed or improved after transfer to women's housing, that stability reflects the combined effect of medical treatment and social affirmation, not medication alone. Removing the housing component while continuing hormone therapy alone does not preserve that combined and necessary treatment effect.

6. Where clinical improvement had previously been tied to living in general population among women, withdrawal of that environment creates a significant risk that the underlying gender dysphoria symptoms it had relieved will re-emerge, even if hormone therapy continues unchanged.

7. Separate from its effect on gender dysphoria, segregated housing involves confinement to a single unit for meals, hygiene, and recreation, reduced programming and exercise access, and reduced contact with medical and mental health staff. It is well-known and documented in correctional mental health literature that these conditions are closely associated with elevated anxiety, depressive symptoms, and diminished coping capacity, regardless of gender identity (Haney, 2003; Grassian, 2006; Metzner & Fellner, 2010). This is true even where the housing arrangement is not formally classified as disciplinary segregation or solitary confinement.

8. In addition, many incarcerated transgender women have histories of self-harm or suicidality clinically linked to environments where they are not treated as women or, even worse, where they are treated as men. Segregated housing that removes affirming social contact with other

women and staff, and introduces isolation, can reintroduce the conditions associated with that risk, even where the new arrangement is not itself a men's facility. If that segregated housing also removes an established social support network, additional harms occur. Loss of an established social support network is a risk factor for exacerbated symptoms in individuals with a psychiatric history and is especially significant where that network had specifically affirmed the individual's gender identity.

9. Following treatment with hormone medications, transgender women are endocrinologically comparable to non-transgender women: their circulating sex steroid hormone levels fall within the same range as those of non-transgender women, and their secondary sex characteristics, including body composition, breast development, and facial and body hair patterns, reflect that hormonal profile. Clinically, these individuals are women, not men who have been permitted to present as women. For transgender women who have had vaginoplasty surgery, like [redacted], their primary sex characteristics are also consistent with non-transgender women. A housing classification that designates these women as male, when their endocrine status and physical presentation are female, disregards the essential role hormones play in a person's sex and their physical characteristics. Hormones are sex steroids that affect every organ in the body and cross the blood-brain barrier. Hormones affect brain chemistry, bone metabolism, cardiovascular physiology body composition, the endocrine system, and metabolic systems including insulin sensitivity and lipid profiles. From a clinical perspective related to their gender dysphoria, such a placement can also exacerbate their symptoms as described above. As I explained in my prior declaration, a transgender woman is an individual whose birth sex was male but who cannot live and function in her birth sex. ECF No. 116-25 ¶ 11. An environment that focuses on and emphasizes her birth sex would foreseeably lead to serious mental health consequences.

10. The serious harms described above are consistent with Plaintiffs' experiences in this unit. For example, the Plaintiffs housed in [redacted] report that all six residents eat their meals, shower, and toilet entirely within the unit, and that programming and exercise equipment have been sharply curtailed relative to general population. They report that recreation is limited to a single small, enclosed patio with no exercise equipment which is available for only about an hour each day and that indoor activities are extremely limited as well.

11. As Dr. Gorton documented in his expert report, Mary Doe has lived in women's facilities since [redacted] and her "[redacted]." ECF No. 116-19 ¶ 13. Since being moved to the segregated unit, Mary Doe reports that her health is suffering and that her gender dysphoria symptoms are "through the roof." Mary Doe Decl. ¶ 5. She has very little access to programming and as of the date of her declaration, she had only seen a psychologist twice since moving to the unit. *Id.* ¶¶ 8, 12. She feels trapped and isolated, with a subjective sense that the arrangement is intended to reverse her gender presentation and has markedly worsened her gender dysphoria symptoms. *Id.* ¶¶ 14–15. Notably, she reported having stopped a previously consistent daily grooming routine as her mental health has declined. *Id.* ¶ 16. That discontinuation is a meaningful behavioral indicator: the loss of a previously consistent grooming and gender-affirming routine is a recognized correlate of increasing dysphoria-related distress, not merely a change in personal habit.

12. Zoe Doe describes a similarly serious situation. According to Dr. Gorton's report, Zoe Doe has been prescribed hormone medication for nearly [redacted] years and [redacted]. ECF. No. 116-19 ¶ 55. Zoe Doe has lived in women's facilities since [redacted] and "[redacted]

[redacted]" *Id.* ¶ 51. Zoe Doe's treatment was so effective that as of [redacted], BOP clinicians noted she was "[redacted]." *Id.* ¶ 56. Dr. Gorton concluded that her medical treatment, "[redacted]." *Id.* ¶ 64.

13. Zoe Doe's situation has significantly deteriorated since the BOP moved her to the segregated unit. She no longer has meaningful access to programming and describes the unit as a "lock-down" situation. Zoe Doe Decl. ¶¶ 9, 14, 18. After living for [redacted] in the facility, her displacement also means she is isolated from her support network with whom she formed very strong relationships. *Id.* ¶¶ 6, 14, 18. Importantly, her mental health has deteriorated significantly, with her gender dysphoria symptoms now "back in full force." *Id.* ¶ 16. She has become "depressed and agitated," has trouble sleeping, is experiencing cognitive impairment, and reports "questioning the value of my life" and "spiraling" since her placement in the unit roughly a month ago. *Id.* ¶¶ 16–17, 19.

14. Carla Jones is [redacted] years old and, according to Dr. Karasic's review of her medical and psychological files, has been prescribed hormone medication since [redacted] and housed in women's facilities since [redacted]. ECF No. 116-21 ¶¶ 77, 84. Since moving to the segregated unit, she reports "lock-down" like conditions. Carla Jones Decl. ¶¶ 9, 14. She does not have access to programming, cannot participate in "instructor-based" education classes and instead can only do "self-study." *Id.* ¶ 9. She feels that her mental health is deteriorating and that the BOP refuses to accept her as a woman and wants to deprive her of care; experiences that previously led to acute gender dysphoria and self-harming behaviors. *Id.* ¶¶ 4, 12–13, 17. Ms. Jones reports she has

recurring thoughts of self-harm again, including cutting—a method she has resorted to in the past. *Id.* ¶ 14. Her appetite has declined, and she spends most of her days sleeping as an escape from the harmful conditions. *Id.* ¶ 16.

15. As I documented in my first report, Emily Doe is a [redacted]-year-old transgender woman who has been prescribed hormone medication for more than [redacted] and has lived in women's facilities since [redacted]. ECF No. 116-26 ¶¶ 40, 44. Her "[redacted]" *Id.* ¶ 41. Since moving to the segregated unit, Ms. Doe reports that her physical and mental health are suffering and that her gender dysphoria symptoms "are as severe as I can ever remember them being." Mary Doe Decl. ¶ 4. She describes that none of the women are allowed to leave the unit for programming, that officers do not want to take them out of the unit because of the staffing burden of doing so, and that she has no access to other incarcerated women outside the unit. *Id.* ¶ 5. Recreational opportunities are also severely restricted. *Id.* ¶¶ 8–9. As a result, she no longer has access to her prior support network that helped her feel like other women. *Id.* ¶¶ 6, 8. She feels "very anxious and depressed" living in the unit, which is exacerbated due to her [redacted], and she feels she is being punished for being transgender. *Id.* ¶¶ 10–11.

16. With respect to the segregation-like conditions the women describe, the mental and eventual physical consequences of a segregated environment are well known and documented. Chronic psychosocial stress, including social isolation, loss of perceived control, and unaffirmed gender identity, activates the hypothalamic-pituitary-adrenal axis and produces sustained elevation in cortisol output, distinct from the normal daily rise and fall of the hormone. Sustained rather than transient elevation is the clinically relevant marker, since it reflects a stress response that is not resolving (McEwen, 1998). Over time, sustained physiological stress activation produces allostatic

load: cumulative wear on cardiovascular, metabolic, and immune systems. This is the mechanism by which a housing or isolation stressor transitions into physical health effects (McEwen, 1998).

17. The psychological harm associated with restrictive, isolating housing conditions also intensifies the longer the exposure continues. Early psychological effects, including anxiety, sleep disturbance, and depressive symptoms, can emerge within days of placement in such conditions, but where the environment persists without relief, these effects tend to become more severe, more resistant to treatment, and in some cases longer-lasting even after the person is removed from the restrictive setting (Haney, 2003; Grassian, 2006). This pattern is consistent with the allostatic load model described above: each additional period of unresolved physiological stress activation adds further cumulative wear rather than allowing the body to return to baseline, so the clinical and physiological risk compounds with time rather than remaining constant.

18. These conditions are also closely associated with self-harm. In a study of over 200,000 incarcerations in New York City jails, Kaba et al. (2014) found that inmates placed in solitary confinement had a substantially increased risk of self-harm compared to those never placed in such conditions, and that this risk rose with each additional episode of solitary confinement, a dose-response relationship in which cumulative exposure, not merely the fact of restrictive housing, predicted the severity of harm. Applied here, this supports the clinical expectation that the Plaintiffs' risk of psychiatric and physiological harm will continue to increase for as long as the segregated housing arrangement continues, and that prompt relief from these conditions is clinically significant independent of any other remedy.

19. The correctional segregation literature documents physical symptoms alongside psychiatric ones in restrictive housing, including sleep disruption, appetite change, cardiovascular symptoms such as palpitations and elevated blood pressure, and somatic complaints without other medical explanation (Grassian, 2006). The broader social isolation literature independently links

sustained loneliness and reduced social contact to elevated cortisol, disrupted sleep architecture, and increased cardiovascular risk (Cacioppo & Hawkley, 2003).

20. These physiological effects can have compounding effects when gender dysphoria is active or worsening. Gender dysphoria itself is associated with elevated physiological stress markers when an individual's affirmed gender identity is not socially recognized, so removing an affirming housing environment can compound, rather than simply add to, the physiological stress already associated with gender dysphoria.

21. The BOP's placement of Plaintiffs in segregated and lock-down like conditions compounds two distinct harms. First, it removes a treatment element that has been necessary and effective for each of the four Plaintiffs, and that has contributed to their psychiatric stabilization. Second, it introduces segregation conditions that create independent, recognized psychiatric and physiological risk, as described above. For women who have a documented history of self-harm or suicidality tied to gender dysphoria, such as Mary Doe, Zoe Doe, and Carla Jones, the consequences are likely to be even more dire.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 17th day of July, 2026.

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POSITIONS HELD

Clinical Psychologist
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Fellow and Diplomate in Clinical Evaluation, American Board of Psychological Specialties
Fellow and Diplomate in Trauma/PTSD
President, New Health Foundation Worldwide
Past Secretary, World Professional Association for Transgender Health (WPATH)
Chair, Committee for Institutionalized Persons, WPATH
Global Education Initiative Committee Curriculum Development, WPATH
University of Minnesota Medical Foundation: Leadership Council
Psychologist, Center for Gender Confirmation Surgery, Weiss Memorial Hospital
Adjunct Faculty, Prescott College
Editorial Board, *International Journal of Transgender Health*
Editorial Board, *Transgender Health*
Television and radio guest (more than 100 national and international appearances)
Internationally syndicated columnist on women's health issues
Private practitioner
Adjunct Medical staff; Department of Medicine: Weiss Memorial Hospital, Chicago, IL
Advisory Council, National Center for Gender Spectrum Health
Global Clinical Practice Network; World Health Organization
Harvard Law School LGBTQ Clinic Leadership Council

EDUCATION

PhD, 1979	Northwestern University (with honors) Evanston, Illinois
MA, 1976	Roosevelt University (with honors) Chicago, Illinois
BA, 1969-73	Indiana University Bloomington, Indiana Cum Laude Major: Clinical Psychology; Minor: Sociology
1972	Moray College of Education Edinburgh, Scotland International Education Program
1970	Harvard University Cambridge, Massachusetts Social Relations Undergraduate Summer Study Program in Group Dynamics and Processes

CLINICAL AND PROFESSIONAL EXPERIENCE

2017-2026	Psychologist: Weiss Memorial Hospital Center for Gender Confirmation Surgery
	Consultant: Walgreens; Tawani Enterprises; Starbucks, Rush University Medical Center
2015-2017	Private practitioner: clinical and forensic practice; Medical staff attending psychologist Advocate Lutheran General Hospital
2013	Instructor, Prescott College: Gender-A multidimensional approach
	ICD-11 Member of International Working Group
2011	Consultant to Wisconsin Public Schools
2010	President New Health Foundation Worldwide
2000	Instructor, Illinois School of Professional Psychology
1995-present	Supervision of clinicians in counseling gender non-conforming clients
1993	Post-doctoral continuing education with Dr. James Butcher in MMPI-2 Interpretation, University of Minnesota
1992	Continuing advanced tutorial with Dr. Leah Schaefer in psychotherapy
1983-1984	Staff psychologist, Women's Health Center, St. Francis Hospital, Evanston, Illinois
1981-1984	Instructor, Roosevelt University, Department of Psychology: Psychology of Women, Tests and Measurements, Clinical Psychology, Personal Growth, Personality Theories, Abnormal Psychology
1976-1978	Research Associate, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
1975-1977	Clinical Internship, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
1971	Research Associate, Department of Psychology, Indiana University
1970-1972	Teaching Assistant in Experimental and Introductory Psychology Department of Psychology, Indiana University

1969-1971 Experimental Psychology Laboratory Assistant, Department of Psychology, Indiana University

INVITED PRESENTATIONS AND GRAND ROUNDS

Evolution of Transgender Prisoners' Access to Health Care Behind Bars: 25 Years of Expert Witness Experience Using the WPATH SOC (Versions5-8). WPATH 28th Scientific Symposium, Lisbon, Portugal, 2024. Ettner, R. and Brown, G.

Clinical Perspectives and the Experience of Transgender Prisoners Federal Death Penalty Strategy Session, 2023

IGEN POLITICS intergenerational politics podcast; July, 12, 2023 Episode 199; Apple Podcast, Spotify, YouTube

Working with Transgender Clients National Employment Lawyers Association, St. Louis, MO, 2023

Shifting Sands: Challenges in Providing Surgical Care American Society of Reconstructive Microsurgery, Miami, FL 2023

The Standard of Care for Institutionalized Persons WPATH 27th Scientific Symposium, Montreal, Canada 2022

Healthcare for Transgender Prisoners Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Sexual Function: Expectations and outcomes for patients undergoing gender-affirming surgery. Whitney, N., Ettner, R., Schechter, L. Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Care of the Older Transgender Patient, Weiss Memorial Hospital, Chicago, IL, 2021

Working with Medical Experts, The National LGBT Law Association, webinar presentation, 2020

Legal Issues Facing the Transgender Community, Illinois State Bar Association, Chicago, IL, 2020

Providing Gender Affirming Care to Transgender Patients, American Medical Student Association, webinar presentation, 2020

Foundations in Mental Health for Working with Transgender Clients; Center for Supporting Community Development Initiatives, Vietduc University Hospital, Hanoi, Vietnam, 2020

Advanced Mental Health Issues, Ethical Issues in the Delivery of Care, Development Initiaves, Vietduc University Hospital, Hanoi, Vietnam, 2020

What Medical Students Need to Know about Transgender Health Care, American Medical Student Association, webinar presentation, 2019

The Transgender Surgical Patient, American Society of Plastic Surgeons, Miami, FL 2019

Mental health issues in transgender health care, American Medical Student Association, webinar presentation, 2019

Sticks and stones: Childhood bullying experiences in lesbian women and transmen, Buenos Aires, 2018

Gender identity and the Standards of Care, American College of Surgeons, Boston, MA, 2018

Expectations of individuals undergoing gender-confirming surgeries Schechter, L., White, T., Ritz, N., Ettner, R. Buenos Aires, 2018

The mental health professional in the multi-disciplinary team, *pre-operative evaluation and assessment for gender confirmation surgery,* American Society of Plastic Surgeons, Chicago, IL, 2018; Buenos Aires, 2018

Navigating transference and countertransference issues, WPATH Global Education Initiative, Portland, OR; 2018

Psychological aspects of gender confirmation surgery International Continence Society, Philadelphia, PA 2018

The role of the mental health professional in gender confirmation surgeries, Mt. Sinai Hospital, New York City, NY, 2018

Mental health evaluation for gender confirmation surgery, Gender Confirmation Surgical Team, Weiss Memorial Hospital, Chicago, IL 2018

Transitioning; Bathrooms are only the beginning, American College of Legal Medicine, Charleston, SC, 2018

Gender Dysphoria: A medical perspective, Department of Health and Human Services, Office for Civil Rights, Washington, D.C, 2017

Multi-disciplinary health care for transgender patients, James A. Lovell Federal Health Care Center, North Chicago, IL, 2017

Psychological and Social Issues in the Aging Transgender Person, Weiss Memorial Hospital, Chicago, IL, 2017

Psychiatric and Legal Issues for Transgender Inmates, USPATH, Los Angeles, CA, 2017

Transgender 101 for Surgeons, American Society of Plastic Surgeons, Chicago, IL, 2017

Healthcare for transgender inmates in the US, Erasmus Medical Center, Rotterdam, Netherlands, 2016

Tomboys Revisited: Replication and Implication; Amsterdam, Netherlands, 2016

Orange Isn't the New Black Yet- Care for incarcerated transgender persons, WPATH symposium, Amsterdam, Netherlands, 2016

Can two wrongs make a right? Expanding models of care beyond the divide, Amsterdam, Netherlands, 2016

Foundations in mental health; WPATH Global Education Initiative, Chicago, IL 2015

Role of the mental health professional in legal and policy issues, WPATH Global Education Initiative, Chicago, IL 2015

Healthcare for transgender inmates; WPATH Global Education Initiative, Chicago, IL 2015

Children of transgender parents; WPATH Global Education Initiative; Atlanta, GA, 2016

Transfeminine genital surgery assessment: WPATH Global Education Initiative, Columbia, MO, 2016

Foundations in Mental Health; WPATH Global Education Initiative; Ft. Lauderdale, FL, 2016; Washington, D.C., 2016, Los Angeles, CA, 2017, Minneapolis, MN, 2017, Chicago, IL, 2017; Columbus, Ohio, 2017; Portland, OR, 2018; Cincinnati, OH, 2018, Buenos Aires, 2018.

Role of the forensic psychologist in transgender care; WPATH Global Education Initiative, Minneapolis, MN, 2017; Columbus, Ohio, 2017.

Pre-operative evaluation in gender affirming surgery-American Society of Plastic Surgeons, Boston, MA, 2015

Gender affirming psychotherapy; Fenway Health Clinic, Boston, 2015

Transgender surgery- Midwestern Association of Plastic Surgeons, Chicago, 2015

Assessment and referrals for surgery-Standards of Care- Fenway Health Clinic, Boston, 2015

Adult development and quality of life in transgender healthcare- Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2015

How do patients choose a surgeon? WPATH Symposium, Bangkok, Thailand 2014

Healthcare for transgender inmates- American Academy of Psychiatry and the Law, Chicago, 2014

Supporting transgender students: best school practices for success- American Civil Liberties Union of Illinois and Illinois Safe School Alliance, 2014

Addressing the needs of transgender students on campus- Prescott College, Prescott, AZ, 2014

The role of the behavioral psychologist in transgender healthcare – Gay and Lesbian Medical Association, 2013

Understanding transgender- Nielsen Corporation, Chicago, 2013

Grand Rounds: Evidence-based care of transgender patients- North Shore University Health Systems, University of Chicago, Illinois, 2011

Care of the aging transgender patient University of California San Francisco, Center for Excellence, 2013

Grand Rounds: *Evidence-based care of transgender patients* Roosevelt-St. Vincent Hospital, New York, 2011

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Hypertension: Pathophysiology of a secret. WPATH symposium, Atlanta, GA, 2011

Exploring the Clinical Utility of Transsexual Typologies- Oslo, Norway, 2009

Children of Transsexual Parents-International Association of Sex Researchers, Ottawa, Canada, 2005

Children of Transsexual Parents- Chicago School of Professional Psychology, Chicago, 2005

Gender and the Law- DePaul University College of Law, Chicago, Illinois, 2003

Family and Systems Aggression against Providers, WPATH Symposium, Ghent, Belgium 2003

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Grand Rounds: Gender Incongruence in Adults, St. Francis Hospital, 1999.

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WPATH Symposium, Bangkok, Thailand, 2014
Argosy College, Chicago, Illinois, 2010
Cultural Impact Conference, Chicago, Illinois, 2005

Weiss Hospital, Department of Surgery, Chicago, Illinois, 2005

Resurrection Hospital Ethics Committee, Evanston, Illinois, 2005

Wisconsin Public Schools, Sheboygan, Wisconsin, 2004, 2006, 2009

Rush North Shore Hospital, Skokie, Illinois, 2004

Nine Circles Community Health Centre, University of Winnipeg, Winnipeg, Canada, 2003

James H. Quillen VA Medical Center, East Tennessee State University, Johnson City, Tennessee, 2002

Sixth European Federation of Sexology, Cyprus, 2002

Fifteenth World Congress of Sexology, Paris, France, 2001

Illinois School of Professional Psychology, Chicago, Illinois 2001

Lesbian Community Cancer Project, Chicago, Illinois 2000

Emory University Student Residence Hall, Atlanta, Georgia, 1999

Parents, Families and Friends of Lesbians and Gays National Convention, Chicago, Illinois, 1998;

In the Family: Psychotherapy Network National Convention, San Francisco, California, 1998;

Evanston City Council, Evanston, Illinois 1997;

Howard Brown Community Center, Chicago, Illinois, 1995;

YWCA Women's Shelter, Evanston, Illinois, 1995;

Center for Addictive Problems, Chicago, 1994

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Psychosocial Assessment of Risk and Intervention Strategies in Prenatal Patients- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984; Purdue University School of Nursing, West Layette, Indiana, 1980

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Confessions of a Gender Defender: A Psychologist's Reflections on Life amongst the Transgender. Chicago Spectrum Press. 1996.

Post-traumatic Stress Disorder, *Chicago Daily Law Bulletin*, 1995.

Compensation for Mental Injury, Chicago Daily Law Bulletin, 1994.

Workshop Model for the Inclusion and Treatment of the Families of Transsexuals, Proceedings of the Harry Benjamin International Gender Dysphoria Symposium; Bavaria, Germany, 1995.

Transsexualism- The Phenotypic Variable, Proceedings of the XV Harry Benjamin International Gender Dysphoria Association Symposium; Vancouver, Canada, 1997.

The Work of Worrying: Emotional Preparation for Labor in Pregnancy as Healing. A Holistic Philosophy for Prenatal Care, Peterson, G. and Mehl, L. Vol. II. Chapter 13, Mindbody Press, 1985.

PROFESSIONAL AFFILIATIONS

University of Minnesota Institute for Sexual and Gender Health–Leadership Council

American College of Forensic Psychologists

World Professional Association for Transgender Health

WPATH GEI SOC 8 Certified Member

New Health Foundation Worldwide

World Health Organization (WHO) Global Access Practice Network

TransNet national network for transgender research

American Psychological Association

American College of Forensic Examiners

Society for the Scientific Study of Sexuality

Screenwriters and Actors Guild

Phi Beta Kappa

AWARDS AND HONORS

University of Minnesota, Institute for Sexual and Gender Health; 50 *Distinguished Sex and Gender Revolutionaries* award, 2021

Letter of commendation from United States Congress for contributions to public health in Illinois, 2019

WPATH Distinguished Education and Advocacy Award, 2018

The Randi and Fred Ettner Transgender Health Fellowship-Program in Human Sexuality, University of Minnesota, 2016

Phi Beta Kappa, 1972

Indiana University Women's Honor Society, 1970-1972

Indiana University Honors Program, 1970-1972

Merit Scholarship Recipient, 1970-1972

Indiana University Department of Psychology Outstanding Undergraduate Award Recipient, 1970-1972

Representative, Student Governing Commission, Indiana University, 1970

Sponsor 2nd International Trans Studies Conference 2025

LICENSE

Clinical Psychologist, State of Illinois, 1980

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00286-RCL
JANE JONES, et al., Plaintiffs, v. TODD BLANCHE, *in his official capacity* as Acting Attorney General of the United States, et al., Defendants.	Case No. 1:25-cv-00401-RCL
MARIA MOE, et al., Plaintiffs, v. DONALD TRUMP, *in his official capacity* as President of the United States, et al., Defendants.	Case No. 1:25-cv-00653-RCL

[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION TO ENFORCE THE JUNE 7, 2026, PRELIMINARY INJUNCTION OR, IN THE ALTERNATIVE, FOR A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

THIS MATTER having been opened to the Court by GLBTQ Legal Advocates & Defenders, National Center for LGBTQ Rights, Lowenstein Sandler LLP, and Brown, Goldstein & Levy, counsel for Plaintiffs Emily Doe, Zoe Doe, Mary Doe, Carla Jones, Sara Doe, Maria Moe, Olivia Doe, and Amy Jones, by way of motion to enforce the Court's June 7, 2026, Preliminary Injunction, Dkt. No. 160, or, in the alternative, for a temporary restraining order and preliminary injunction ("Motion"), and the Court, having reviewed the submissions of the parties in support thereof and in opposition thereto, and having considered the arguments of counsel, if any, in connection with this Motion; and for good cause shown:

IT IS on this ____ day of _____, 2026, **ORDERED** that:

1. Plaintiffs' Motion is **GRANTED**;
2. Defendants are found to be in violation of the Court's June 7, 2026, Preliminary Injunction, Dkt No. 160;
3. Defendants shall transfer all Plaintiffs housed in the segregated unit to general population in other women's facilities according to BOP's ordinary individualized designation process and all applicable PREA regulations, or in the alternative, restore their access to programming, education, recreation, medical and mental health care, and out-of-unit time comparable to that offered in general population;
4. Defendants shall refrain from transferring additional Plaintiffs to the segregated unit and return any Plaintiffs already so transferred to an appropriate placement in general population of a women's facility consistent with BOP's ordinary individualized designation process and all applicable PREA regulations;
5. Defendants shall refrain from creating dedicated units or facilities for transgender women in violation of 28 C.F.R. § 115.42(g);

6. Defendants shall comply with any other relief the Court deems necessary and appropriate to enforce its orders and aid in its exercise of jurisdiction over this matter;
7. Defendants shall file with the Court a report, within seven (7) days of the date of this Order, setting forth the status of their compliance with this Order; and
8. Nothing in this Order alters or diminishes the Court's June 7, 2026, Preliminary Injunction, Dkt No. 160, except as expressly set forth herein.

ORDERED this _____ day of _____, 2026.

_____
Hon. Royce Lamberth
United States District Judge